



LEKATCHKA ARCHERS, INC.
3445 Rustic Rd.
Nokomis, FL 34275

LekatchkaArchery@yahoo.com
LekatchkaArchers.com

MEMBERSHIP APPLICATION

(PLEASE PRINT)

Individual \$100___ Family \$200___ Corporate \$250___ Jr.\$50___

Name: _____ Amount Paid: \$_____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone CELL: _____ HOME: _____

Names of Family/Corporate Members:

_____	_____
_____	_____
_____	_____

Members are required to Volunteer for five (5) workdays per membership year. Uncompleted workdays will be assessed at \$20/each.

Signature: _____ Date: _____

**Please make checks payable to "Lekatchka Archery"
Please send completed form, signed Liability Waiver, and payment to:**

**Gene Tomashosky
2830 Whispering Pines Lane
North Port, FL 34287**