

**LEKATCHKA ARCHERS, INC.**

**3445 Rustic Rd.**

**Nokomis, FL 34275**

LekatchkaArchery@yahoo.com

LekatchkaArchers.com

**MEMBERSHIP APPLICATION**

**(PLEASE PRINT)**

**Individual $125\_\_\_ Family $225\_\_\_\_ Corporate $275\_\_\_\_ Jr.$75\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid: $\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Names of Family/Corporate Members:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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**