United Foundation For Disabled Archers Membership Application

Name: _____
Address:_____
City: _____ **State:** _____ **Zip:**_____
Telephone: _____ **Email:**_____

1st Year Membership is:

_____ **Single $20.00** _____ **Couple $ 36.00**

_____ **Family $50.00** _____ **Corporate $100.00**

_____ **Lifetime Membership $500.00**

_____**Able Bodied** _____**Physically Challenged** _____**Wheelchair** _____**Ambulatory**

Mail this application along with a check or money order to:

UFFDA
POB 251
Glenwood, MN 56334

Or call 320-634-3660 to join with a Visa or Master card.

Comments or special requests:_____
_____
_____
_____
_____
_____

How did you hear about us?

_____ **Facebook** _____ **Magazine**

_____ **Hunting Show (Specify)** _____

_____ **Friend/Member (Specify)** _____

_____ **Website** _____ **Other**