

CLUB and OFFICER INFORMATION

CLUB NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

Please include the club street address even if there is no mail received there, thank you.

PRESIDENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

VICE PRESIDENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

SECRETARY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

TREASURER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

CONTACT PERSON (if other than one of the officers):

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

PLEASE RETURN A.S.A.P. TO:

Michigan Archers Association
1979 N Reed Rd
Sanford, MI 48657