New __
Renewal __

Membership Application
Oklahoma Selfbow Society

Name: _____ _____
First Last

Address: _____
Street or Post Office Box

_____ _____ _____
City State Zip Code

Phone number(s): _____ _____

E-Mail Address: _____

Type of Membership Desired (circle one)

Individual_____$25

Family (includes minor children) _____$35

Junior (under age 18) _____$10

Corporate Sponsor (includes quarterly ad in the Drawknife) _____$100

If applying for Family Membership, please list all members in your immediate family and their birthdates at the time of this application. Children under 18 and living in the home can be included on a Family Membership

Name	Birthday	Name	Birthdate

Dues can be paid online at https://www.okselfbow.com/shop or by sending a check to the address shown below.

Oklahoma Selfbow Society
Parker Inglee
12960 N 131st East Ave
Collinsville, Ok 74021
Email: treasurer@okselfbow.com
Phone: (405) 206-4805

Renewing members do not need to fill out a form unless the information in the database needs to be updated.

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