

Charter Date _____
Posted Date _____
NFAA Office Use Only

**NFAA and State
Commercial Archery Lane
Charter**

Cash _____
Check _____
Total _____
NFAA Office Use Only!

Date Applied _____
Shop: _____, located at

(Street Address, City, State, Zip)

Application to the **NATIONAL FIELD ARCHERY ASSOCIATION AND ITS STATE ASSOCIATION** for active charter affiliation.

Upon being chartered and affiliated with the NATIONAL FIELD ARCHERY ASSOCIATION and the STATE ASSOCIATION of _____, for the purpose of conducting official NFAA Tournaments at the establishment named above, we hereby agree to support the principles and abide by the rules, regulations, procedures and policies adopted by the NATIONAL FIELD ARCHERY ASSOCIATION and its STATE ASSOCIATION.

Lanes Manager (**must be current NFAA member**)

Street

City

State

Zip

Phone Number _____ E-Mail _____

The NFAA fee of \$25.00 plus the State fee of \$ _____ must accompany this application. **This form is to be completed in triplicate and mailed to your State Association Secretary.** State Secretary and the NFAA Director approval required. If form is not properly submitted to NFAA, the approval for charter may be delayed.

Approved By:

Approved By:

NFAA Director

State Secretary

Date _____

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State COPY