

IBA MEMBERSHIP APPLICATION

NAME _____ New Card # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

NEW MEMBER _____

RENEWAL _____ NASP _____ (Electronic Only) N/C

1 YR MEMBERSHIP _____ (**\$25.00**)

2 YR MEMBERSHIP _____ (**\$46.00**)

3 YR MEMBERSHIP _____ (**\$69.00**)

LIFE TIME MEMBERSHIP _____ (**\$400.00**)

PAYMENT METHOD

CASH _____

CHECK _____

CREDIT CARD _____

CREDIT CARD # _____ Exp Date _____ 3 DIGIT PIN _____

TOTAL _____

MAKE CHECKS PAYABLE TO; IOWA BOWHUNTERS ASSOCIATION

MAIL TO: COREY THORSON

ATTN: IBA

1648 CORDOVA AVE

PELLA, IA 50219

641-780-5068

corey.thorson@pella.k12.ia.us