



**Return Payment with Signed Invoice To:**  
**Chicago Bow Hunters, Inc.**  
**ICO Fran Dyer**  
**P.O. Box 6130**  
**Woodridge, Illinois 60517**

**MEMBERSHIP  
 RENEWAL INVOICE  
 July 1, 2017 – 2018**

Your Contact Information

Member Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

E-mail \_\_\_\_\_

Would you agree to having your roster membership information placed in the members only area of the CBH website? Yes \_\_\_ No \_\_\_

**DUES**

		(Enter amount)
Single	\$150	\$ _____
Family (# of shooters _____)	\$165	\$ _____
Junior or Senior (circle one)	\$ 75	\$ _____
Life (no longer available exempt)	\$ 0	\$ <u>no charge</u>

**WORK HOURS**

(Calculate unfulfilled Work Hours at \$15 per hour)  
 Check enclosed document for your work hours unfulfilled \$ \_\_\_\_\_

**OPTIONAL HOURS PREPAY - 2016-2017 for \$70** \$ \_\_\_\_\_

**TOTAL AMOUNT REMITTED** \$ \_\_\_\_\_

**To avoid interruption of your membership benefits, promptly return this completed invoice with your payment to the above address. Your key will be provided upon receipt of your payment. Locks will be changed after July 1<sup>st</sup>.  
A late charge of \$25 will apply to payments received after July 1, 2017.**

**I, the undersigned, do hereby release IBO, Chicago Bow Hunters, Inc., and all personnel, from losses, damages, or personal injuries incurred by myself while participating and/or viewing an IBO or other archery sanctioned event. I fully understand and acknowledge that archery tournaments, as other outdoor activities, involve certain inherent risks, and I attend and/or participate in this event with full knowledge of those risks.**

**Sign:** \_\_\_\_\_

**Date:** \_\_\_\_\_

For CBH Use Only

Check #	Amount	Rec'd by	Date	Key mailed
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