



Membership Application

New Member Renewing Member \$20 annually

First Name: _____ Last Name: _____

Address: _____

(911 Address if Different) : _____

City: _____ State: _____ Zip: _____

County (Where you live if NY resident) _____

Phone: () _____ Cell: () _____

E-Mail: _____

Date of Birth (mm/dd/yyyy) ____ / ____ / ____

How Did you hear about NYCC? _____

Yes No Do you currently crossbow hunt?

Yes No Do you currently bow hunt? (Compound, recurve or Longbow)

Yes No **If you do not currently bow hunt**, are you a former bow hunter?
(If current bow hunter leave blank)

Yes No Do you believe crossbows are another form of bow and should be allowed in all seasons and areas archery equipment is permitted?

Yes No Do you believe crossbows should **only** be permitted for seniors and handicapped persons?

Please make checks payable to New York Crossbow Coalition and submit to

New York Crossbow Coalition
PO Box 316
Pulaski, NY 13142
www.nycrossbowcoalition.com