



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/ yyyy) ____ / ____

How Did you hear about NYCC? _____

- Yes No Do you currently hunt with a crossbow?
- Yes No Do you currently hunt with a vertical bow? (Compound, Recurve or Longbow)
- Yes No **If you answer NO to the current vertical bow question, are you a former vertical bow hunter? (If current vertical 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?
- Yes No Are you a NYS Bow Hunter Education Instructor?
() Current () Former _____ Approximate years of teaching

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