



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? _____

Referred By: _____

- 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

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



Membership Application

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