

Charter Date _____
 OTRD Range Date _____
 BH Range _____
 Indoor Course _____
 Posted Date _____
 NFAA Office Use Only!

**NFAA and State
 Commercial Archery Lane
 Charter**

Cash _____
 Check _____
 Money Order _____
 CC _____
 Total _____
 NFAA Office Use Only!

Date Applied _____

The _____ Archery Lane, located at

(Street Address, City, State, Zip)

hereby applies to the **NATIONAL FIELD ARCHERY ASSOCIATION AND ITS STATE ASSOCIATION** for active charter affiliation.

Upon being chartered and affiliated with the NATIONAL FIELD ARCHERY ASSOCIATION and the STATE ASSOCIATION of _____, for the purpose of conducting official NFAA Tournaments at the establishment named above, we hereby agree to support the principles and abide by the rules, regulations, procedures and policies adopted by the NATIONAL FIELD ARCHERY ASSOCIATION and its STATE ASSOCIATION.

 Lanes Manager (must be current NFAA member)

 Street

 City

 State

 Zip

Phone Number _____

The NFAA fee of \$25.00 and the State fee of \$ _____ must accompany this application. **This form is to be completed in triplicate and mailed to your State Association Secretary.** State Secretary and the NFAA Director approval required. If form is not properly submitted to NFAA, the approval for charter may be delayed.

Approved By:

Approved By:

 NFAA Director

 State Secretary

Date _____

Date _____