



United Foundation For Disabled Archers Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

1st Year Membership is:

_____ Single \$20.00 _____ Couple \$ 36.00

_____ Family \$50.00 _____ Corporate \$100.00

_____ Lifetime Membership \$500.00

_____ Able Bodied _____ Physically Challenged _____ Wheelchair _____ Ambulatory

Mail this application along with a check or money order to:

UFFDA
POB 251
Glenwood, MN 56334

Or call 320-634-3660 to join with a Visa or Master card.

Comments or special requests: _____
