



Lakeview Archery Club

Membership Application

Name: _____

Address: _____

Date Applied: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

Indicate the organizations/associations that you are a member of:

ASA

NFAA

IBO

PAF

SCBA

Other

Approved By: _____

Date: _____

Mail completed application and \$20 membership fee to: Lakeview Archery Club
1420 Monster Buck Dr.
Chester, South Carolina 29706