

# Clover Leaf Archery and Conservation Association

## Membership Application

Name:  Date:

Address:

City:  State:  Zip:

Telephone:  Email:

Is Telephone a mobile phone: ☐ Yes ☐ No If yes, does Clover Leaf have permission to text? ☐ Yes ☐ No

Occupation / Special Talent:

### Membership

New for 2026 is the availability of including guest privileges to your membership. This will enable a member (Active or Social) to bring a guest to the club and use the club while accompanied by the member.

New Club Membership: ☐ Renewal of Membership: ☐

Active Member only (\$40): ☐ Active Member and Guest (\$60): ☐  
(Active membership requires minimum 6 volunteer hours per yr)

Social Member only (\$80): ☐ Social Member and Guest (\$120): ☐

Make checks payable to: "Clover Leaf Archery Club", and mail application, along with you check, to Clover Leaf Archery Club, P.O. Box 89, Milford Square, PA 18935

Recommended By: \_\_\_\_\_ Approved \_\_\_\_\_ Noted \_\_\_\_\_

### Clover Leaf Archery Club Mission

The Clover Leaf Archery Club is dedicated to the promotion of archery in all its forms as a safe, family oriented recreational activity. To this end, we provide indoor and outdoor practice facilities, a hunter field course, scheduled 3-D target shoots and winter archery leagues. To keep costs of these offerings affordable, the club expects its members to volunteer their time as needed to maintain club property and ranges, which would require the services of a paid staff.

### Clover Leaf Archery Club Membership Waiver

I understand that participation in any club maintenance or recreational activity is a potentially hazardous undertaking. I assume all risks associated with said participation including but not limited to, falls, skin rashes, insect bites, deadfalls, wounds, the effects of the weather (heat, humidity, cold, rain, and wind), all such risks being known and appreciated by me. If a member has guest privileges associated with their membership they assume the responsibility for the guest while on club grounds. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for membership, I waive and release Clover Leaf Archery Club, their Officers, Directors and Sponsors, from all claims and liabilities of any kind arising out of participation in these club activities, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_  
(required if applicant is under 18 years old)