

DCA Membership Application

Print this page from your Web browser and fill out the application (please print) and remember to sign the membership covenant.

Mail to:

Desert Christian Archers
3731 E Coolidge St
Phoenix, AZ 85018-3517

Name.....

Mailing Address.....

Zip Code.....

(Membership not available to residents outside of North America)

Phone (.....).....

Email.....

I have read the Statement of Faith, Signed the membership covenant and wish to be granted membership in DCA.

This Membership is:

- INDIVIDUAL** 1year. \$25 **FAMILY 1 year \$30** New
- INDIVIDUAL** 2 years \$40 **FAMILY 2 years \$50** Renewal
- INDIVIDUAL** 3 years \$50 **FAMILY 3 years \$65** Gift Membership
- INDIVIDUAL** Youth (under 16) 1 year \$5 Address Change
- INDIVIDUAL** Lifetime (individual only) \$300
- INDIVIDUAL** Gift membership \$20 (for someone else)
- INDIVIDUAL** Affiliate \$20 (I cannot in good conscience sign the membership covenant at this time)

Here is my gift to help support the ministry of DCA \$.....

Check #.....Total \$.....

Membership Covenant

I have received Jesus as Savior of my life (1 John 1:9) and hereby wish to make this public expression of my faith.

I agree with the Statement of Faith of CBA and will uphold its Biblical policies and Christian practices to the glory of God.

I will uphold the Laws of the Land and follow Christian ethics in all my hunting.

Signed.....Date.....