

2021 Family Celilo Bowmen Membership

Name(Adult #1) _____

Name(Adult#2) _____

Address _____

Email: _____

City _____

State _____

zip _____

Phone _____

Date _____

Family \$40.00

Payment of Membership and signature below means you agree to abide by the club's constitution and bylaws.

Adult #1

Signature: _____

Adult #2

Signature: _____

Mail to Celilo Bowmen, Box 1255, The Dalles, Or 97058 or call Todd at 541-965-0033.