

2021 Single Celilo Bowmen Membership

Name _____

Address _____

Email: _____

City _____ **State** _____ **zip** _____

Phone _____

Date _____

Single \$35.00

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

Signature: _____

**Mail to Celilo Bowmen, Box 1255, The Dalles, OR 97058
or Call Todd 541-965-0033**