

RETAIL MEMBERSHIP APPLICATION

PLEASE E-MAIL OR FAX COMPLETED APPLICATION AND ALL REQUIRED VERIFICATION PAPERWORK TO:

Email: registration@archerytrade.org Fax: (507) 233-8140

Questions? Please Call Toll Free: (866) 266-2776 x103 Direct: (507) 233-8134



Company Name: _____

Store Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Mailing Address (if different from store address): _____

City: _____ State: _____ Zip: _____ Country: _____

Store Phone: _____ Store Fax: _____

Store Email: _____ Website: _____

Facebook URL: _____ Twitter URL: _____ Other Social Media: _____

Primary Contact: _____

Primary Contact Email: _____ Primary Contact Phone: _____

Store Owner(s): _____ Owner Email: _____

Tell us about your shop:

When was your business established (MM / YY)? _____

Are you a member of a buying group? (Check all that apply)

ARRO NABA NBS Sports Inc. Worldwide

Hours of Operation: N/A, I sell online and don't have a retail store.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

Do you offer lessons/classes? No Beginner Intermediate Advanced Individual Coaching

Do you offer equipment services? No General Repairs Bow Tuning Warranty Work

Do you offer equipment for use? No Rental Loaner Bows

Do you have a shooting range? No Indoor Outdoor Walking Range Broadheads Simulator ADA Accessible

Number of Lanes: _____

Do you sell licenses in your store? No Hunting Fishing

Do you offer programs? No Introductory Youth Leagues Bowhunter Education

Do you offer Club Activities? No Clubs/Teams Tournaments

Thank you for applying to become a member of the Archery Trade Association!

Please submit the following information with your application:

- Current business license or Federal Tax ID #
- Pictures of your store (inside and out) if not available online
- Invoice copies from two suppliers, each \$1,000 or more

In the next 2-3 business days we'll be calling to learn more about you and finish the application process.

What's the best time of day to reach you? _____ Phone Number _____

By submitting this application, I agree to abide by ATA's Terms and Conditions of Membership. I also verify that this membership application is for a legitimate corporation, partnership or other entity with at least one full time, permanent, active employee, as defined in ATA's Bylaws. The ATA Terms and Conditions of Membership are available at www.archerytrade.org or upon request by calling the ATA Corporate Office at (866) 266-2776.

Signature: _____ Date: _____

NOTE: The ATA estimates that 3 percent of your 2018/2019 membership dues will be used for lobbying and will therefore not be tax deductible under any circumstances.