

INDUSTRY PARTNER APPLICATION

FISCAL YEAR APRIL 1, 2018 - MARCH 31, 2019



Company (legal name): _____ Customer Number (renewing members only): _____

DBA: _____

Physical Address: _____

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

Mailing Address (if different): _____

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

Company Phone: _____ Toll Free: _____ Company Fax: _____

Company Email: _____ Website: _____

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

Do you have an Archery Range? Yes No Do you have an Archery Range Database? Yes No

CONTACT INFORMATION (Required):

Membership Contact: _____ Phone: _____ Email: _____

Trade Show Contact: _____ Phone: _____ Email: _____

Marketing Contact: _____ Phone: _____ Email: _____

Director / President / CEO: _____ Phone: _____ Email: _____

PLEASE CHECK THE BOX THAT BEST FITS YOUR ORGANIZATION

- NATIONAL NON-PROFIT**
An organization with 501(c) 3 or 4 status with a mission and goals that align with those of the ATA and/or have a working relationship with the ATA.

DUES
\$250 or another amount based on partnership
VERIFICATION REQUIRED
 Proof of 501(c) 3 or 4 status
 ATA Staff Approval

- GOVERNMENT AGENCY**
Agencies that participate in the promotion, support, education and/or management of archery, bowhunting, hunting, shooting, and outdoor recreation. This includes but is not limited to schools, city, town, country, state and Federal agencies.

DUES
\$250 or another amount based on partnership
VERIFICATION REQUIRED
 ATA Staff Approval

By submitting this application, I agree to abide by ATA's Terms and Conditions of Membership. The ATA Terms and Conditions of Membership are available at www.archerytrade.org or upon request by calling the ATA Trade Show, Business and Membership Office at (866) 266-2776.

Signature: _____ Date: _____

Please return completed form to:

Wendy Lang, Membership Manager
email: wendylang@archerytrade.org
fax: 507-233-8140 phone: 507-233-8134

FOR OFFICE USE ONLY:
Approved by: _____ Date: _____

PAYMENT BY CREDIT CARD

Type VISA MC AMEX DISCOVER

CC #: _____ CVC: _____

Expiration Date: _____ Amount: _____

Name on Card: _____

Signature: _____

Partner