

# INDUSTRY PARTNER APPLICATION

FISCAL YEAR APRIL 1, 2019 - MARCH 31, 2020



Company (legal name): \_\_\_\_\_

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: \_\_\_\_\_

Primary 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](http://www.archerytrade.org) or upon request by calling the ATA Trade Show, Business and Membership Office at (866) 266-2776.

Fax: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return verification documents to:**  
**Wendy Lang, Membership Manager**  
**email:** [wendylang@archerytrade.org](mailto:wendylang@archerytrade.org),  
**fax:** 507-233-8140 | **phone:** 507-233-8134

## PAYMENT BY CREDIT CARD

Type  VISA  MC  AMEX  DISCOVER

CC #: \_\_\_\_\_ CVC: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

## FOR OFFICE USE ONLY:

- All Required Verification Documentation Included with Application

Approved by: \_\_\_\_\_

Date Approved: \_\_\_\_\_