



ARCHERY TRADE ASSOCIATION

Toll free: 866.266.2776 www.archerytrade.org

Retail Council Nomination Biography Form

(500 word limit)

Company:

Name/Title:

Duties:

Work Experience:

Experience in ATA:

If elected to the ATA Retail Council I would:

The critical issues I think ATA and the industry must face in the next 4 years are:

By signing below, you consent to stand for election for the ATA Retail Council.

Signature of nominee