

## NFAA Shop Charter Application (New and Renewal)

Shop Name: \_\_\_\_\_ State Association: \_\_\_\_\_

New or Renewal:      New      Renewal

### Shop Contact Information\*

Primary Shop Contact: \_\_\_\_\_

Role/Position held in shop: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*The primary communication tool used by the NFAA is email. Please make sure that your primary contact is someone with an active email address. All of the contact information above should be for the one designated primary contact. If others should have access to your online account, the primary contact should call headquarters at 605-260-9279 to add access for others.

### Shop Locator Information

As part of our efforts to improve our shop benefits, the following information will be published on a club and shop locator on the NFAA website (nfaausa.com):

Would you like to appear on the shop locator?      Yes      No

Please provide the following information, which will be published on our website:

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Website: \_\_\_\_\_

Facebook Page: \_\_\_\_\_

#### Business Hours:

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Please include any additional information relevant to your opening times that may be helpful for people wishing to use your facilities:

Is your range available for us by non-members?      Yes      No

Physical Location:

Does your facility have WiFi?      Yes      No

Which of the following do you provide?

Rental      Repair      Retail

Do you offer Equipment Storage?      Yes      No

Does your shop offer leagues and awards? Check all that apply:

Indoor League

500 Club

Outdoor League

Perfect Club

Vegas League

Art Young Program

3D League

Order of the Bone

20 & 15 Pin Awards

Fellowship of Robinhood

Does your shop offer classes? Check all that apply:

Youth Instruction Programs

Single-day Intro to Archery

Beginner Class Multi-day/week

Advanced Class Multi-day/week

Summer or Day Camps

Do you charge member fees?      Yes      No

Please list:

Is range use included with membership?      Yes      No

Please list any range fees:

If Range hours are different than general shop hours, please list:

Do you have a mission statement?

If so, please attach.

Application to the NATIONAL FIELD ARCHERY ASSOCIATION AND ITS STATE ASSOCIATION for active charter affiliation.

Upon being chartered and affiliated with the NATIONAL FIELD ARCHERY ASSOCIATION and the STATE ASSOCIATION of \_\_\_\_\_, for the purpose of conducting official NFAA Tournaments at the establishment named above, we hereby agree to support the principles and abide by the rules, regulations, procedures and policies adopted by the NATIONAL FIELD ARCHERY ASSOCIATION and its STATE ASSOCIATION.

Using the table on the right, please remit State and NFAA fees in the applicable amount. The fees indicated include both the state fee and the \$30 NFAA national fee.

Amount included: \_\_\_\_\_

Make check payable to NFAA and mail with this form to your State Association Secretary. NFAA Director and State Secretary approval is required. If form is not properly submitted, it will be returned to State Association Secretary.

STATE	SHOP NEW	SHOP RENEW
AAE	\$40	\$40
AK	\$40	\$40
AL	\$35	\$35
AZ	\$50	\$50
CBH/SA	\$50	\$50
CO	\$55	\$55
CT	\$45	\$45
DE	\$60	\$60
FL	\$45	\$45
GA	\$40	\$40
HI	\$45	\$40
IA	\$40	\$40
ID	\$40	\$40
IL	\$105	\$105
IN	\$42	\$42
KS	\$35	\$35
KY	\$40	\$40
LA	\$45	\$45
MA	\$90	\$85
MD	\$55	\$55
ME	\$70	\$70
MI	\$50	\$50
MN	\$45	\$45
MO	\$50	\$40
MS	\$40	\$45
MT	\$30	\$30
NC	\$50	\$50
ND	\$30	\$30
NE	\$45	\$45
NH	\$45	\$45
NJ	\$55	\$55
NM	\$70	\$60
NV	\$35	\$35
NY	\$55	\$55
OH	\$30	\$30
OK	\$40	\$35
OR	\$55	\$55
PA	\$30	\$30
RI	\$45	\$40
SC	\$30	\$30
SD	\$40	\$40
TN	\$65	\$65
TX	\$70	\$70
UT	\$55	\$55
VA	\$50	\$50
VT	\$55	\$55
WA	\$60	\$55
WI	\$45	\$45
WV	\$45	\$45
WY	\$55	\$55

APPROVED BY:

\_\_\_\_\_  
NFAA Director

\_\_\_\_\_  
Date

APPROVED BY:

\_\_\_\_\_  
State Secretary

\_\_\_\_\_  
Date

Office Use Only

Charter Date:

Expiration Date:

Payment Received:

Amount:

Check No: