

KuRingGai Bowmen Inc.

Membership Application Form



Surname: (Please print) Mr/Mrs/Mss/Miss:

GivenName: _____

Address: _____

Postcode: _____

Birthdate: D(____) M(____) Y(____)

Telephone Numbers:

Home: (____) _____

Business: (____) _____

E-Mail Address: _____

Occupation: _____

I wish to apply for membership of KuRingGai Bowmen Inc., implying affiliation with the Archery Society of New South Wales and Archery Australia. I have previously undertaken and completed a beginners course at this club:

Club Name: _____ Date: _____

I understand and agree to abide by the rules of the association.

Signed: _____ Date: _____

If the applicant is a junior (ie. under 18 years of age) we require a Parent or Guardian's authorisation:

Parent/Guardian Name: _____

Signature: _____

Note: If the applicant is under 12 years of age we require a Parent or Guardian to be in attendance at all times.

Optional and confidential: To help us to prepare for any possible medical emergency, do you have a medical condition that you feel we should know about or that may or may not effect your physical abilities:

Administration use only

Date received: _____ Amount Paid: _____

Moved: _____

Seconded: _____

Accepted: Yes/No

(Reason:) _____

Date of Acceptance: _____

Secretary: _____ President: _____