

KuRingGai Bowmen Inc.
Membership Application Form



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

Given Name: _____

Address: _____

Postcode: _____

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

Telephone Numbers: Home: (____) _____ Business(____) _____

E-Mail Address: _____

Occupation: _____

I wish to apply for membership of KuRingGai Bowmen Inc., including affiliation with the Archery Society of New South Wales and Archery Australia. I have previously undertaken and completed a beginners course at (Club Name): _____ Date: _____

I agree to be bound by, and to conduct myself in accordance with, the respective constitution, by-laws and procedures of the Club, of ArcheryNSW and of Archery Australia.

I hereby declare that: I am not aware of any health issues or disabilities which would endanger the safety of myself or other members of the Club; or: if there are such issues I will notify the Secretary in writing before engaging in any archery related activity.

I hereby consent to the collection and use of my personal images, results, awards and prizes received. I acknowledge that these may be used by the Club, ArcheryNSW or Archery Australia for websites, newsletters and publications, in the promotion of the sport. I further acknowledge that my images, results, awards and prizes may be used by the Club and media to promote the Club. I understand that some personal information such as scores and achievements can be viewed by anyone who accesses Club, ArcheryNSW or Archery Australia websites publications and general media, and that my consent can be withdrawn at any time in written notice to the Secretary.

I certify that the information provide by me is correct.

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.

Administration use only

Date received: _____ Amount Paid: _____

Moved: _____

Secoded: _____

Accepted:Yes/No (Reason:) _____

Date of Acceptance: _____ Secretary: _____ President: _____