

# NORTH ALBERT FIELD ARCHERS INC.

## Membership Application Form

RENEWAL MEMBERSHIP

NEW MEMBERSHIP

NAME [Block letters] \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTCODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ OCCUPATION \_\_\_\_\_

E-MAIL \_\_\_\_\_

**IN CASE OF EMERGENCY**

CONTACT NAME & PHONE NO. \_\_\_\_\_

I am a member of 3DAAA YES / NO [Please circle] MEMBERSHIP NO \_\_\_\_\_

I am a member of ABA YES / NO [Please circle] MEMBERSHIP NO \_\_\_\_\_

I wish to apply for membership of North Albert Field Archers. If accepted I and those listed below absolve North Albert Field Archers Inc. from all liability relating to personal safety and property damage. I agree to abide by all By-Laws and the Constitution. I (or, I and my family- if Family Membership) have been given and read the Constitution of North Albert Field Archers Inc.

SIGNATURE OF APPLICANT/S \_\_\_\_\_

**FAMILY MEMBERSHIP**

I, the applicant above would also wish to make application for membership of the following persons who are members of my family. [Family membership applies to parents with children under 18]

NAME [In Full]	M/F	D.O.B.	3DAAA Number	ABA Number	SIGNATURE [If under 18 parent/guardian]

**PLEASE NOTE; EFTPOS / CREDIT CARD FACILITIES ARE NOT AVAILABLE.**

Office use only. APPLICATION DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CLUB MEMBERSHIP \$ \_\_\_\_\_

3DAAA MEMBERSHIP \$ \_\_\_\_\_

WORKING BEE LEVY \$ \_\_\_\_\_

TOTAL PAID \$ \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_

[COMMITTEE APPROVAL]

[PROPOSER]

[SECONDER]

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_