



CABOOLTURE & DISTRICT **BOWMEN** Inc.

2018 MEMBERSHIP APPLICATION

I/We, would like to apply for membership with Caboolture & District Bowmen Incorporated.

If accepted, I/We the applicant/s, undertake to comply with the Constitution and Rules of Caboolture & District Bowmen Inc.

PLEASE NOTE: The membership year is from 1 April to 31 March.

FULL NAME: _____ DATE OF BIRTH: ____ / ____ / ____

ADDRESS: _____

STATE: _____ POST CODE: _____ OCCUPATION: _____

TELEPHONE: (Home) _____ (Mobile) _____ (Work) _____

EMAIL: _____
(please print email address clearly)

FAMILY MEMBERSHIP (2 Adults + Juniors/Cubs)

FULL NAME	DATE OF BIRTH	3DAAA MEMBERSHIP NO.	For Renewals: Club Membership No.

Junior/Cub members whose parents or guardians are not also members of Caboolture & District Bowmen Incorporated must have the following section completed by their parent or guardian.

I, (Full Name) _____
of (full address) _____

being the parent/guardian of the above junior/cub do undertake responsibility for the applicant until he/she reaches the age of 18 years.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: ____ / ____ / ____
Parents or guardians of juniors/cubs (those aged 17 years or under) must bring this form back personally.

YOU MUST HAVE CONFIRMED 3DAAA MEMBERSHIP IN ORDER TO SHOOT

3DAAA Member: Yes No 3DAAA Membership No.: _____

3DAAA Membership sent directly to 3DAAA - Date: _____ 3DAAA Application attached with payment - Amount: \$ _____

SIGNATURE OF APPLICANT: _____ DATE: ____ / ____ / ____

FEES:	ADULT		CUB/JUNIOR		FAMILY		<i>Office Use Only:</i>
	NEW	RENEW	NEW	RENEW	NEW	RENEW	
<input type="checkbox"/> 1 APR – 31 MAR	\$65	\$55	\$50	\$40	\$130	\$110	New Membership No./s:
<input type="checkbox"/> 1 JUL – 31 SEPT	\$50	N/A	\$40	N/A	\$100	N/A	
<input type="checkbox"/> 1 OCT – 31 DEC	\$40	N/A	\$30	N/A	\$80	N/A	Renewal of Membership No./s:
<input type="checkbox"/> 1 JAN – 31 MAR	\$30	N/A	\$20	N/A	\$60	N/A	
Payment Method:	<input type="checkbox"/> Cash: \$ _____			<input type="checkbox"/> Cheque/Money Order: \$ _____			

Office Use Only:

Cheque No.:		Date:		Receipt No.:		Date:	
Membership Card/s forwarded:		Date:		Gate Key No.:		Date Issued:	
Email Check - website		Date:		Mobile No. check		Date:	

I, (Full Name) _____ propose the above membership application. SIGNATURE: _____

I, (Full Name) _____ second the above membership application. SIGNATURE: _____

Please remit this application form (completed) & payment to:
The Secretary
Caboolture & District Bowmen Inc.
PO Box 616
CABOOLTURE QLD 4510