



# CABOOLTURE & DISTRICT BOWMEN INC.

## 2019 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	Renewal of Membership No./s:
<input type="checkbox"/> 1 OCT - 31 DEC	\$40	N/A	\$30	N/A	\$80	N/A	
<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