



CABOOLTURE & DISTRICT **BOWMEN** Inc.

2020 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.

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

ADDRESS: _____ SUBURB: _____

STATE: _____ POST CODE: _____ TELEPHONE: (Mobile) _____

EMAIL: _____

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: Renewal of 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	
<input type="checkbox"/> 1 JAN – 31 MAR	\$30	N/A	\$20	N/A	\$60	N/A	

Payment Method: Cash: \$ _____ Cheque/Money Order: \$ _____ Credit Card: \$ _____

VISA MASTERCARD NAME ON CARD _____

CARD DETAILS

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EXPIRY DATE

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 CCV

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 SIGNATURE _____

Please mail completed form to PO Box 616, Caboolture, 4510 or Email: caboolturebowmen@gmail.com

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: _____