



# CABOOLTURE & DISTRICT **BOWMEN** Inc.

## 2021 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

<i>Office Use Only:</i>							
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: _____							