



# CABOOLTURE & DISTRICT BOWMEN INC

## 2026 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.: \_\_\_\_\_    Expiry Date: \_\_\_\_\_

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:  Cash: \$ \_\_\_\_\_  Credit/Debit Card: \$ \_\_\_\_\_

VISA     MASTERCARD    NAME ON CARD \_\_\_\_\_

CARD DETAILS   

EXPIRY DATE           CCV          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: \_\_\_\_\_