

## MEMBERSHIP FORM

Membership Application ☐ Membership Renewal ☐

DATE: \_\_/\_\_/\_\_

MEMBERSHIP NUMBER : .....

Mr/Mrs/Miss/Ms

Surname .....

Given Name(s).....

Residential Address:

.....Post Code.....

Mailing Address (if different from Residential Address)

.....Post Code .....

Telephone .....Mobile .....

Email .....

Date of Birth: ..... Gender : M / F

Membership Applied for: ☐ Full ☐ Direct Debit

Type of bow(s) you expect to use: ☐ Recurve ☐ Compound ☐ Longbow ☐ Barebow ☐ Crossbow

I, (signature of applicant) \_\_\_\_\_ Certify that the information given by me is correct and hereby make application for membership of Eliza Archery. I agree to be bound by, and to conduct myself in accordance with, the respective constitution, by-laws, rules, policies and procedures of Eliza Archery.

I hereby declare that I am aware this membership term is expected to last a minimum of 12 months and that if I was to cancel my membership, no refund will apply for a fixed fee payment. And if I am to cancel my direct debit membership, prior to a 12 month period being completed, I will be expected to pay 2 months membership or \$100 (whichever is greater) as a penalty payment. This membership covers my ability to use the indoor range, equipment hire is charged at \$10/day for members.

I hereby declare that I am not aware of any health issues or disabilities, which would endanger the safety of myself or other members of the club, or if I do have such issues I will notify the owner in writing before engaging in any archery related activity.

I hereby consent to the collection and use of my personal images, results and awards received. I acknowledge these may be used by the club for websites, newsletters, Facebook etc. to promote the club. I am aware that the opening hours of Eliza Archery are subject to change and the business premises is not guaranteed.

**NAME AND SIGNATURE OF PARENT OR GUARDIAN IF APPLICANT IS UNDER 18**

NAME (print) \_\_\_\_\_ SIGNATURE \_\_\_\_\_