MEMBERSHIP FORM

ELIZA ARCHERY
www.elizaarchery.com

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. If I am to apply for a direct debit membership, a $50 set-up fee will occur, as well as the regular monthly debit

I hereby declare I am aware that direct debit membership will attract a $50 set-up fee at the commencement of my membership, followed by the payment of my first month in advance (per account, families will only have to pay this fee once regardless of how many in the account). I am aware that membership covers my ability to use the indoor range, equipment hire is charged at $15/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 _____