

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

TelephoneMobile

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.

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 _____