



Inc. No.

1400344

Application for Club Membership

Please circle: New Club Renewal

Club Membership Cost is \$150.00 Per annum.

Incorporation Number if applicable: _____

This form must be completed by an authorised Club Executive Committee Member.

CLUB NAME: _____

I, _____ Title: _____

Of: _____ TAA Membership No. _____
(Address)

Club Address: _____

Membership Renewals are due on the Anniversary of joining, club membership will be void if unpaid 30 days past due.
Postal orders and cheques accepted or transfer funds to TAA – Commonwealth Bank BSB: 064 164 Acc: 10724123
(Note Club name and state in comments).

Phone: _____ mobile: _____ e-mail: _____

Is your club currently a member of another archery organisation?

Name/s: _____

Activities undertaken in the last 12 months or planned in the next 6months to Promote and Protect Traditional Archery (this may include club run events, coaching, workshops or attendance by club members at TAA member club events, if space insufficient another page may be attached)

On behalf of the above club as an authorised Executive Committee member of this club I request our club membership of Traditional Archery Australia (TAA) in this document. I agree to be bound by the rules of the association. My application confirms my participation in Traditional Archery and my support for the TAA Executive Committee (EC) to **“Promoting and Protecting Traditional Archery in all forms”**. By our club becoming a member I understand that we officially support the EC to represent me and our club as a member to other official organisations and that by doing this my name and possibly club address will be submitted to confirm my clubs membership with TAA. (Your details will only be given to official archery organisations and not used for sales purposes).

Further that,

"Have you ever had your club membership to any archery organisation revoked or cancelled? Circle:

YES NO

IF YES, provide details. You may attach any relevant documentation to this form.

I understand that after signing this form I agree as the authorised person of my club that I am legally liable to advise the EC of any accident, near miss and occurrence that will affect the reputation of TAA committee and members.

On approval of your club membership application the EC will forward a Risk Assessment form to be completed and returned to the EC Secretary within one month of the date of receiving the document.

I understand that I am responsible to ensure that all club members are current members of TAA. A sign in/out book is maintained at our club and available to be inspected by the EC and our insurers. All accidents or near misses must be documented and forwarded to the EC for possible further investigation. There is a safety range officer and first aid officer rostered on and in attendance at every club shoot day.

Signature of the above club authorised person: _____ Date: _____

Mail to: The Membership Officer Traditional Archery Australia PO Box 927 Morayfield QLD 4506

Or scan and email to: membershipofficer@traditionalarcheryaustralia.org

Office Use:

Date Received: _____ Member Number: _____ Date Accepted: _____

FURTHER INFORMATION to be entered by the membership officer:

**NO CLAIMS
DECLARATION**

Insured name:

1. After full enquiry the Proposer is NOT AWARE of any claim having been made against the proposer's business or any principal, partner, director or employee whilst in this or any other business other than in the table below.
2. After full enquiry the Proposer is NOT AWARE of any circumstance or incident which has or could result in any claim being made against the Proposer's business, or any principal, partner, director or employee whilst in this or any other business.

X _____

Name and Position of person signing:

Date:

Club Name:.....

Club Logo here if available

List any previous public liability insurance claims in the table below.

Date of Claim	Details of Claim	Claim Outcome