



Inc. No.

1400344

Application for Membership

Please circle: New Member Renewal 1 Year 3 years 5 years Family

MEMBERSHIP COST IS \$10.00 per year. \$25.00 Family per year. All family names and ages to be listed on the back of this form.

I, _____ D.O.B: ____/____/____ Membership No. _____

(Name of Applicant) (Family: one adult to list their name here for the main family contact).

Of: _____ Suburb _____ State _____ Post Code _____
(Address)

Membership Renewals due on the Anniversary of joining. Postal orders and cheques accepted or simply transfer funds to TAA – Commonwealth Bank BSB: 064164 Acc: 10724123 Note Name and Member dues

Phone: _____ mobile: _____ e-mail: _____

Current CLUB/s _____ Archery Association/s _____

Bow Type: _____ Division: Male Female Junior Cub

I hereby apply to become a member of Traditional Archery Australia to be referred to as 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 (referred to as EC in this document) to **“Promoting and Protecting Traditional Archery in all forms”**. By becoming a member I understand that I officially support the EC to represent me as a member to other official organisations, and that by doing this my name and possibly address will be submitted to confirm my membership with TAA. (Your details will only be given to official archery organisations and not used for sales purposes). I understand that renewals are due on the anniversary of joining and if remain unpaid for 3 months my membership with TAA will end. Further that,

"Have you ever had your membership to any archery club or 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 if my membership is revoked from another archery club or organisation I am obliged to advise the TAA secretary in writing including all details.

Signature of applicant: _____ I am over 18 years old (tick, if not parent to sign below)

Name Parent/Guardian if under 18 _____ Signature _____

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 Posted: _____

Document Version: iv Date: 31/07/2020

FAMILY MEMBERSHIPS: Children must be under 18 years old

NAME	Date of birth

FURTHER INFORMATION:
