



CABOOLTURE & DISTRICT BOWMEN Inc.

2011 MEMBERSHIP APPLICATION

I/We would like to apply for membership in Caboolture & District Bowmen Incorporated.

If accepted, I/We the applicant/s, undertake to comply with the Constitution and Rules of Caboolture & District Bowmen Inc.

FULL NAME: _____

ADDRESS: _____

STATE: _____ P'CODE: _____ OCCUPATION: _____

TELEPHONE: (Home) _____ (Work) _____ DATE OF BIRTH: ____/____/____

EMAIL: _____

3DAAA MEMBER: Yes No 3DAAA MEMBERSHIP NO: _____

FAMILY MEMBERSHIP (2 Adults + Juniors/Cubs)

FULL NAME	DATE OF BIRTH	3DAAA MEMBERSHIP NO

Junior members whose parents or guardians are not also members of Caboolture & District Bowmen Incorporated must have the following section completed by their parent or guardian.

I, (Full Name) _____

Of (full address) _____

being the parent/guardian of the above junior do undertake responsibility for the applicant until he/she reaches the age of 18 years.

SIGNED: _____ DATE: ____/____/____

Parents or guardians of juniors (those aged 17 years or under) must bring this form back personally.

SIGNATURE OF APPLICANT: _____ DATE: ____/____/____

FEES:	ADULT		CUB/JUNIOR		FAMILY		FOR OFFICE USE ONLY:
	NEW	RENEW	NEW	RENEW	NEW	RENEW	
<input type="checkbox"/> 1 APR – 31 MAR	\$65	\$55	\$50	\$40	\$120	\$110	NEW MEMBERSHIP NO(s): _____
<input type="checkbox"/> 1 JUL – 31 SEPT	\$50	\$40	\$40	\$30	\$90	\$83	_____
<input type="checkbox"/> 1 OCT – 31 DEC	\$40	\$30	\$30	\$20	\$60	\$55	RENEWAL OF MEMBERSHIP NO(s): _____
<input type="checkbox"/> 1 JAN – 31 MAR	\$30	\$20	\$20	\$10	\$30	\$25	_____

YOU MUST HAVE CONFIRMED 3DAAA MEMBERSHIP IN ORDER TO SHOOT

3DAAA MEMBERSHIP SENT DIRECTLY TO 3DAAA DATE: ____/____/____

3DAAA APPLICATION ATTACHED WITH PAYMENT AMOUNT: \$ _____

PAYMENT METHOD CASH: \$ _____ CHEQUE: \$ _____

FOR OFFICE USE ONLY:

I, (Full Name) _____ propose the above membership application. SIGNATURE: _____

I, (Full Name) _____ second the above membership application. SIGNATURE: _____

CHEQUE NO: _____

RECEIPT NO: _____

DATE: ____/____/____

DATE: ____/____/____

Please remit application & payment to:
The Secretary
PO Box 616, Caboolture, Qld 4510
For queries Ph: 5497 4355