



3D Archery Association of Australia

memberships@3daaa.com www.3daaa.com

MEMBERSHIP APPLICATION

NAME: _____
 ADDRESS: _____ TOWN/SUBURB: _____
 STATE: _____ P'CODE: _____ email: _____
 TELEPHONE: _____ DATE of BIRTH: _____
 YOUR 3DAAA AFFILIATED CLUB: _____

JUNIOR/CUB MEMBERSHIP --- (UNDER 18 Years)
 NAME: - Parent/Guardian _____
 SIGNATURE: - Parent/Guardian _____

MEMBERSHIP DETAILS: *(Please tick appropriate)*

Membership Type	FEES - (NON REFUNDABLE)		RENEWAL OF MEMBERSHIP
	1 year rate	3 year rate	
• ADULT	\$40.00	\$105.00	MEMBERSHIP No.
• JUNIOR (13-17)	\$30.00	\$75.00	FOR OFFICE USE ONLY:
• CUB (Under 12)	\$30.00	\$75.00	NEW MEMBERSHIP:
• FAMILY <i>(2 x Adults + Juniors and Cubs)</i>	\$85.00	\$215.00	

FAMILY MEMBERSHIP --- (2 Adults + Juniors/Cubs)
 (Please list all members to be included in Family Membership)

NAME	DATE of BIRTH	MEMBERSHIP No
_____	_____	_____
_____	_____	_____
_____	_____	_____

In making this application, the member/s agree to be bound by the Associations Constitution, Policies, Rules and Procedures for the duration of membership. Please refer to the 3DAAA website www.3daaa.com for full terms and conditions. If the member/s violate any requirements of the Constitution, Policies, Rules and Procedures whilst a member, the member/s, recognise the rights of 3DAAA to terminate, suspend or any other disciplinary action the Association determines necessary.

SIGNATURE: _____ DATE of APPLICATION: _____

PAYMENT METHOD: Credit card: \$ _____ Cash: \$ _____ Cheque: \$ _____

Card Details	<input type="checkbox"/>	VISA	<input type="checkbox"/>	Mastercard		Expiry Date																			
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FOR CREDIT CARD APPLICATIONS PLEASE ENSURE THAT ALL DETAILS ARE COMPLETE

PRINT NAME of CARDHOLDER _____ **SIGNATURE:** _____

Office use only : Receipt No: _____ Date: ___/___/___ Payment Method: CASH/CHQ/CREDIT CARD/DEPOSIT	Cheque No: _____ Club <input type="checkbox"/> Voucher No. _____ Bank: Location: MAIL / VISA / MASTERCARD	Please remit application & payment to: MEMBERSHIP SECRETARY PO BOX 343 CASINO NSW 2470 PH/Fax: 02 6662 8170
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ALL FIELDS ARE TO BE COMPLETED FOR THIS MEMBERSHIP TO BE PROCESSED

