



# CABOOLTURE & DISTRICT BOWMEN Inc.

## 2010 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: _____	<b>Please remit application &amp; payment to:</b> The Secretary PO Box 616, Caboolture, Qld 4510 For queries Ph: 5497 4355
DATE: ____/____/____	DATE: ____/____/____	