CABOOLTURE & DISTRICT BOWMEN INC

2025 MEMBERSHIP APPLICATION

I/We, would like to apply for membership with 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: _____ **DATE OF BIRTH:** _____/_____/_____

ADDRESS: _____ **SUBURB:** _____

STATE: _____ **POST CODE:** _____ **TELEPHONE:** *(Mobile)* _____

EMAIL: _____

FAMILY MEMBERSHIP (2 Adults + Juniors/Cubs)

FULL NAME	DATE OF BIRTH	3DAAA MEMBERSHIP NO.	For Renewals: Club Membership No.

Junior/Cub 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/cub do undertake responsibility for the applicant until he/she reaches the age of 18 years.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____/_____/_____

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

YOU MUST HAVE CONFIRMED 3DAAA MEMBERSHIP IN ORDER TO SHOOT

3DAAA Member: ❑ **Yes** ❑ **No** **3DAAA Membership No.:** _____ **Expiry Date:** _____

❑ **3DAAA Membership sent directly to 3DAAA - Date:** _____ ❑ **3DAAA Application attached with payment - Amount: $**_____

SIGNATURE OF APPLICANT: _____ **DATE:** _____/_____/_____

FEES:	ADULT		CUB/JUNIOR		FAMILY		*Office Use Only:*
	NEW	RENEW	NEW	RENEW	NEW	RENEW	
❑ 1 APR – 31 MAR	$65	$55	$50	$40	$130	$110	**New Membership No./s:**
❑ 1 JUL – 31 SEPT	$50	N/A	$40	N/A	$100	N/A	
❑ 1 OCT – 31 DEC	$40	N/A	$30	N/A	$80	N/A	**Renewal of Membership No./s:**
❑ 1 JAN – 31 MAR	$30	N/A	$20	N/A	$60	N/A	

Payment Method: ❑ Cash: $_____ ❑ Credit/Debit Card: $_____

❑ VISA ❑ MASTERCARD NAME ON CARD _____

CARD DETAILS ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

EXPIRY DATE ☐☐☐☐ CCV ☐☐☐ SIGNATURE _____

Please mail completed form to PO Box 616, Caboolture, 4510 or Email: caboolturebowmen@gmail.com

Membership Card/s forwarded:		Date:		Gate Key No.:		Date Issued:	
Email Check - website		Date:		Mobile No. check		Date:	

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

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