

SOUTH QUEENSLAND ARCHERY SOCIETY Inc.

MEMBERSHIP APPLICATION FORM

NEW MEMBER (*JUNIOR*)

This form must be lodged with your Club Secretary for certification and forwarding to the SQAS Secretary.

APPLICANT'S DETAILS:

Name: Mr/Miss Date of Birth:
(Essential)

Residential Address: Actual Age : yrs
..... Post Code.....

Postal-Address
(Only if different to the above)

Tel: Fax:

Class of Membership applied for: Bow Type: Recurve Compound
(i.e. Class 1 - Shooting Member; Class 2 - Non-shooting Member)

Any medical history/disabilities relevant to participation in Archery:

DECLARATION:

I,(Name of parent/guardian) certify that the information given by the above named applicant is correct and hereby make application for membership of South Queensland Archery Society Inc. on his/her behalf and, if accepted, do undertake to ensure that he/she will conduct her/her membership in accordance with the Constitution, By-laws and Rules of the Society.

I also enclose the required fee of \$

.....
Signature of Parent/Guardian

.....
Date

Proposer
(SQAS Member)

Seconder
(SQAS Member)

CERTIFICATION OF CLUB MEMBERSHIP:

I, **Richard Mutch**, Secretary of **Centenary Archers Club Inc.**
(Name of SQAS Member Club)

hereby certify that the above named applicant is a registered shooting/non-shooting (cross out whichever is not applicable) member of this Club.

.....
Signature of Club Secretary

SQAS Use Only: Date Received..... Receipt No.
Date Accepted / Rejected
Date Advised Affiliation No.