

SOUTH QUEENSLAND ARCHERY SOCIETY Inc.

MEMBERSHIP APPLICATION FORM

NEW MEMBER

[Note: This form must be lodged with your Club Secretary for certification and forwarding to the SQAS Membership Registrar]

APPLICANT'S DETAILS: [PLEASE PRINT CLEARLY]

Surname: **First Name(s)**

Gender: Male Female **Date of Birth:**/...../..... (Compulsory for all applicants)

Residential Address:
..... **Post Code:**.....

Postal Address: **Post Code:**.....
(If different to the above)

Tel:(.....)..... **Email:**.....

Class:..... **Current Bow Type:** Recurve Compound Longbow Crossbow
(Class 1 = Shooting Member : Class 2 = Non shooting Member)

Style: Freestyle Barebow Archer with a Disability (Standing / Wheelchair)

Do you have any medical, physical or intellectual condition/injury that may either be aggravated or that may impair you/your child's ability to participate in archery? Yes No If yes, please give details:
.....

DECLARATION BY APPLICANT:

I,certify that the information given by me is correct and hereby make application for membership of South Queensland Archery Society Inc and undertake to conduct myself in accordance with the Constitution, By-laws and Rules of the Society. I understand and accept that there are some inherent risks in archery and if directions are not followed and/or if common sense is not used then injuries can occur, and I hereby consent to the application of first aid in the event of injury. I agree to the provision of the above information to AA and to my contact details being used by SQAS and AA for communication purposes. I also consent to the collection of personal images (photos) and results and acknowledge that they may be used for publication and promotional purposes.

I enclose the required fee of \$

...../...../.....
Signature: Applicant or Parent/Guardian (If applicant is Under 18) **Date**

Proposer: **Seconder:**
(SQAS Member) (SQAS Member)

CERTIFICATION OF CLUB MEMBERSHIP:

I, Secretary of
(Name of Secretary) (Name of SQAS Affiliated Club)

hereby certify that the abovenamed 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: Affiliation Number: