

SOUTH QUEENSLAND ARCHERY SOCIETY Inc.

MEMBERSHIP APPLICATION FORM

NEW MEMBER (*SENIOR*)

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

APPLICANT'S DETAILS:

Name: Mr/Mrs/Ms..... **Date of Birth**.....
(Essential)

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

Postal-Address:

.....
(Only if different to the above)

Tel:..... **Fax:**.....

Class:..... **Bow Type:** Recurve Compound **Style:** Sights Barebow
(i.e. Class 1 - Shooting Member, Class 2 – Non-shooting Member)

I will compete in **Open Division** **Veteran** **50-59 / 60-69 / 70+** (Please indicate age group if you compete in the Veterans Division).

Any medical history/disabilities relevant to participation in Archery:
.....

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, if accepted, do undertake to ensure that I will conduct myself in accordance with the Constitution, By-laws and Rules of the Society.

I also enclose the required fee of \$

.....
Signature of Applicant

.....
Date

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