



SUNSHINE COAST BOWMEN INC.

MEMBERSHIP APPLICATION

CONFIDENTIAL

Name, Date of Birth and one contact point are required – Please Use BLOCK letters

Applicant's Full Name: _____

Postal Address: _____

Preferred Phone Contact No. _____

Email Address: _____

Date of Birth: _____

In Case of Emergency: _____

Male / Female / Prefer not to say: _____

Member of another Archery Club: _____
(Please name Club)

I, do hereby wish to make application for membership with the Sunshine Coast Bowmen Inc. and have read, understood and agree to abide by the Behaviour Management Policy, Safety and Club Rules adopted by Sunshine Coast Bowmen Inc.

I certify the information provided is true and correct:

Signature of Applicant

Application Date ____/____/____

I, the undersigned, am prepared to accept responsibility for the above applicant who is under the age of 18yrs, until they attain such age.

Parent / Guardian _____

I enclose the required fees of \$ _____

Payment Method: Cash

Direct Deposit

CLUB MEMBERSHIP FEES:

Membership is for 12 months due on the 1st July each year. Fees paid after that date will be on a pro-rata basis

Junior (15 years and under)	\$65.00
Adult	\$90.00
Family Two Adults + One Child	\$220.00 + \$40.00 extra for each child
Pensioner	\$70.00

Equipment Hire: Bow & Arrows (4) \$10.00

Bank Account Details:

Sunshine Coast Bowmen
BSB: 034 204 Account: 317857

When paying by EFT please add note: membership / your last name". Example: membership/Smith
Email your Payment Advice and completed form to info@sunshinecoastbowmen.org.au or bring them to the Club at the next Club Shoot.

Office Use Only

Name _____ Date _____ Fee \$ _____ paid