New Membership Application

**NAME**: ………………………………..……..… **SURNAME**: …………………………………...……………….

**ADDRESS**: ………………………………………………………...……………………………… ……………...

………………………………………………………………………..…………………………………………...….

**EMAIL**:…………………………………………………………..………………………………………………...…

**PH** - Cell: …………………....……… Hm: …………………………......… Wk: …………………….………….

Date of Birth: …………………………...………………….……….……….…… Age: ………….………………

**FAMILY MEMBERSHIP**: ( Husband and / or Wife/ Partner plus Dependent Children. Please include details of nominated Members. Only those nominated are included in the Membership)

**NAME**: ………………………………………………………………...……………Age: …………………………

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**BACKGROUND:**

Archery Experience …………………………… Years. With F.C.A ……………………………….. Years.

**Medical Conditions**: ………………………………………...……………………………………………………

………………………………………………………………….……………………………………….……………

Are you or Any of the Family Membership a current Financial Member of another Target or Field Archery Club? YES/ NO So, Which? ……………………………………….……………………………………….………………………………………

**TYPE OF EQUIPMENT:** Please Circle appropriate

Compound Recurve Longbow Yet to Acquire

**MEMBERSHIP SUBSCRIPTION AND JOINING FEEDS:**

1st April to 31st March 1st November to 31st March

Senior: $65.00 $35.00

Junior: $35.00 (16 Years and Under) $20.00

Family: $145.00 $75.00

**ANNUAL RANGE FEE CONCESSION CARD**

Single: $65.00

Family: $130.00

Payment Enclosed: ………………………………………………………………………………………………

I, and on behalf of the nominated members of my family, consent to Franklin County Archers collecting the details provided in the above Membership Application, retaining, using those details and disclosing them for the purpose of involving the above said persons in the Franklin County Archers activities now and in the future and to also disclose the same details to a third party directly affiliated to Franklin County Archers.  This consent is given in accordance with the Privacy Act 1993

I and on behalf of the nominated members of the family, agree to abide by the Constitution and Rules of Franklin County Archers and have read and understood the Risk Register and Health and Safety documents

Signed: …………………………………………….. Date: ………………………………………………………