3D Archery Association of Australia

memberships@3daaa.com www.3daaa.com

MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____ **TOWN/SUBURB:** _____

STATE: _____ **P'CODE:** _____ **email:** _____

TELEPHONE: _____ **DATE of BIRTH:** _____

YOUR 3DAAA AFFLIATED CLUB: _____

JUNIOR/CUB MEMBERSHIP --- (UNDER 18 Years)

NAME: - Parent/Guardian _____

SIGNATURE: - Parent/Guardian _____

MEMBERSHIP DETAILS: *(Please tick ☑ appropriate)*

Membership Type	FEES - (NON REFUNDABLE)				RENEWAL OF MEMBERSHIP
	1 year rate		3 year rate		
• **ADULT**	**$40.00**		**$105.00**		**MEMBERSHIP No.**
• **JUNIOR (13-17)**	**$30.00**		**$75.00**		**FOR OFFICE USE ONLY:**
• **CUB (Under 13)**	**$30.00**		**$75.00**		**NEW MEMBERSHIP:**
• **FAMILY** *(2 x Adults + Juniors and Cubs)*	**$85.00**		**$215.00**		

FAMILY MEMBERSHIP --- (2 Adults + Juniors/Cubs)
(Please list all members to be included in Family Membership)

NAME DATE of BIRTH MEMBERSHIP No

_____

_____

_____

_____

_____

In making this application, the member/s agree to be bound by the Associations Constitution, Policies, Rules and Procedures for the duration of membership. Please refer to the 3DAAA website www.3daaa.com for full terms and conditions. If the member/s violate any requirements of the Constitution, Policies, Rules and Procedures whilst a member, the member/s, recognise the rights of 3DAAA to terminate, suspend or any other disciplinary action the Association determines necessary.

SIGNATURE: _____ **DATE of APPLICATION:** _____

PAYMENT METHOD: Credit card: $_____ **Cash: $**_____ **Cheque: $**_____

❑ VISA ❑ Mastercard

Card Details **Expiry Date**

FOR CREDIT CARD APPLICATIONS PLEASE ENSURE THAT ALL DETAILS ARE COMPLETE

PRINT NAME of CARDHOLDER _____ **SIGNATURE:** _____

Office use only : Receipt No: __ __ __ __ __ __ Date: ___ / ___ / ___ Payment Method: CASH/CHQ/CREDIT CARD/DEPOSIT	Cheque No: _____ Club ☐ Voucher No. __ __ __ __ __ __ __ Bank: Location: MAIL / VISA / MASTERCARD	*Please remit application & payment to:* **MEMBERSHIP SECRETARY** **PO BOX 343** **CASINO NSW 2470** **PH/Fax: 02 6662 8170**

ALL FIELDS ARE TO BE COMPLETED FOR THIS MEMBERSHIP TO BE PROCESSED