

Date of Application:	,	/	/ 202
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## **CCAC** Membership Application

Website: <a href="www.coffscoastarchery.com">www.coffscoastarchery.com</a> Email: <a href="mailto:coffscoastarcheryclub@outlook.com.au">coffscoastarchery.club@outlook.com.au</a> Address: PO Box 620, Woolgoolga, NSW 2456

Please return completed form to the Secretary. This form must be completed annually.

EFT PAYMENTS:	Acc:	Coffs Co	ast Archery	Club	BSB:	533 00	0		
	Acc No:	1015729	94		Ref:	Your lo	ist name		
Name:						DOB		/ /	
Address:									
3DAAA Mem No. :							3DAAA numb or to shooting)		nbers must
Email :						•	<u>,                                    </u>		
Phone: Home:				Mobile					
Membership Type	Please cir	rcle:	Senior	Junior	Cub	) F	amily	Non-S	hooter
Emergency Contact	Name						Phone		
							1	1	
Family Memberships:	Name						DOB	/	/
List all Family members who are applying for	Name						DOB	/	/
family membership.	Name						DOB	/	/
(Please note: A family membership may only have a maximum of 2 adult "parent" applicants)	Name						DOB	/	/
	Name						DOB	/	/
	Name						DOB	/	/
Applicant Declaration:  ncorporated association. In he time being in force.  ignature of applicant (if un		·	ssion as a mer	_	o be boun	d by the	rules of th	e CCAC as	
FOR NEW MEMBER  I (full name of proposer the membership of the	at is a member of	f the associati	<del>on)</del> hereby n	ignature of Pro	poser:				_

## MEMBERSHIP DETAILS: (tick appropriate) \*Note: All Juniors and Cubs must be accompanied by an adult member for every shoot

SENIOR 18+	\$60.00 per year	Paid :	Cash / EFT
JUNIOR (13 – 17)	\$25.00 per year	Paid :	Cash / EFT
CUB (7-13)	\$25.00 per year	Paid :	Cash / EFT
FAMILY (2adults + juniors/cubs)	\$120.00 per year	Paid :	Cash / EFT
NON-SHOOTER (for Carers, Volunteers & Spectators ONLY, NO bow usage)	No Charge		