

Date of A	pplication:	/	/ 202

CCAC Membership Application

Website: www.coffscoastarchery.com Email: coffscoastarcheryclub@outlook.com.au Address: PO Box 620, Woolgoolga, NSW 2456

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

FT PAYMENTS:	Acc: Coffs Coast Archery Club			BSB: 533 000				
	Acc No: 10157294			Ref:	Your la	last name		
Name:					DOB		/ /	
Address:								
3DAAA Mem No. :			(Renewing mo					embers must
Email :								
Phone: Home:			Mobile					
Membership Type	Please ci	ircle: Senior	Junior	Cuk) Fa	amily	Non-	Shooter
Emergency Contact	Name					Phon e		
Family Mambarshins	Namo					DOD		
Family Memberships: List all Family members who are applying for family membership. (Please note: A family membership may only have a maximum of 2 adult "parent" applicants)	Name Name					DOB DOB	/	
	Name					DOB	/	
	Name					DOB	/	
	Name					DOB	/	
	Name					DOB	/	/
Applicant Declaration: ncorporated association. In he time being in force. ignature of applicant (if und			er, I agree to	be bour	nd by the	rules of th	ne CCAC a	
FOR NEW MEMBER I (full name of proposer that membership of the light full name of proposer that full	t is a member of	of the association) hereby notes.	minate the a nature of Prope	oser:				

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

	maet be accompanied by	an adare member j	
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		`