



Membership Application

Applicant Details:

Title/s: \_\_\_\_\_ First Name/s: \_\_\_\_\_ Last Name: \_\_\_\_\_

(M)ale / (F)emale: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Membership Details:

Membership type (tick one): Junior (under 18):  Adult (18+):  Family:

Archery Australia Membership (tick if required): \*\*

\*\*This entitles you to compete in events hosted by Archery Australia and Archery NSW, at extra cost.

Bow Type/s:

Recurve:  Compound:  Longbow:

Agreement:

I wish to apply for membership of S.O.P.A. Inc. (the club) and World Archery Australia Inc. I also wish to apply for membership of SOPAA Inc. and Archery Australia (only if indicated above). I have previously been a member of another archery club, or have undertaken and completed a beginner's course at the following location:

Location: \_\_\_\_\_ Date: \_\_\_\_\_

I understand and agree to abide by the rules of the club and the relevant associations. Membership is renewable annually on 1 July and annual fees are subject to variation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian / Emergency Contact:

If the applicant is under 18 years of age signed authorisation from a Parent or Guardian is required below. For adult applicants, please enter details of an emergency contact (no signature required).

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Home Phone(s): \_\_\_\_\_ Work/ Mobile Ph: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CLUB USE ONLY

Amount received: \_\_\_\_\_ cash/cheque/other \_\_\_\_\_ M'ship to date: \_\_\_\_\_

Entered into AIMS:  Name added to FRS:  # \_\_\_\_\_ FRS scanned: