



THE TROPHY BOWHUNTING CLUB OF S.A. INC.

MEMBERSHIP APPLICATION / RENEWAL FORM

GIVEN NAME: _____

FAMILY NAME: _____

DATE OF BIRTH: _____ **GENDER:** _____

STREET

ADDRESS: _____ **SUBURB:** _____

STATE: _____ **COUNTRY:** _____ **POSTCODE:** _____

PHONE NUMBER: _____ **EMAIL ADDRESS:** _____

OCCUPATION: _____

3DAAA MEMBERSHIP NUMBER (All TBC members must be financial 3DAAA members):

EXPIRY DATE: _____

Are you a member of another archery club?

Is so, please specify: _____

How did you find out about our club? _____

- A) If the membership is for a person under the age of 18, parent's / legal guardian's signature is required for permission to participate on T.B.C. range.
- B) MEMBERS ARE REQUIRED TO ABIDE BY ALL RULES AND CONDITIONS SET BY THE TROPHY BOWHUNTING CLUB OF SA INC. CONSTITUTION AND BY-LAWS. FAILURE TO DO SO AND ANY MISCONDUCT MAY LEAD TO EXPULSION FROM THE CLUB. All information available on TBCSA.COM.AU or at the club on request.
- C) The club has made available to all members, new and old, qualified coaching and all members are advised to take full advantage of this service both for enhancement of skill, **safety and prevention of injury.**
The Applicant must for safety reasons undertake a proficiency test with his / her bow. Test to be witnessed by a proficient committee nominated member or coach.
- D) FAMILY MEMBERSHIP, please complete the form attached.
2 adults and any children (must all live at the same address and children must be under the age of 18)

APPLICANT'S SIGNATURE: _____

PARENT'S / GUARDIAN'S SIGNATURE [Refer A] : _____



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FAMILY MEMBERSHIP ONLY, please complete the following details: -

Name	3DAAA No. & expiry date	Date of Birth	Gender

COMMITTEE USE ONLY

FAMILY / ADULT / JUNIOR / CUB / SOCIAL

RECEIPT NUMBER _____

AMOUNT PAID _____

DATED ____/____/____

IS COACHING REQUIRED - YES / NO

SIGNATURE _____

MEMBERSHIP PACKAGE ISSUED - YES / NO

ENTERED MEMBERSHIP LIST - YES / NO