

Date of Application: _____/ 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.

EFT PAYMENTS: Acc: Coffs Coast Archery Club **BSB:** 533 000

Acc No: 10157294 Ref: Your last name

Nicola							,	1		
Name:					DOB		/ /			
Address:										
3DAA Mem No. :			,		t provide TAA number. New members must ip prior to shooting)					
Email :										
Phone: Home:			Mobile							
Membership Type	Please circle:	Senior	Junior	Cub	F	amily	Non-	-Shooter		
Emergency Contact	Name					Phone				
Family Memberships: List all Family members who are applying for family membership.	Name					DOB	/	/		
	Name					DOB	/	/		
	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 the time being in force. Signature of applicant (if und		ndmission as a memb	er, I agree to	be boun	d by the	rules of th	ne CCAC			
FOR NEW MEMBERS I (full name of proposer that membership of the at full name of proposer that me, for membership	is a member of the as association.	sociation) hereby nor Sign sociation) second the	nature of Prop	n of the	applica	nt who is				

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

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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		