

### MEMBERSHIP APPLICATION FORM

New Membership ☐

Membership Renewal ☐

Full Year ☐

Half Year ☐

Date: / /

#### PERSONAL DETAILS:

Given Name: Surname:  
Date of Birth: / / Gender: ☐ Male ☐ Female  
Nationality: Occupation:

#### CONTACT DETAILS:

Address:  
Email:  
Mobile Number: Work Number:  
Nominated By: World Archery ID number:

#### MEMBERSHIP TYPE:

Please tick the type of membership you are applying for and complete additional family names if required. Please submit your membership fee with this form. All memberships are valid for 1 year.

- ☐ **Youth** K 90.00 – youth category: age at 31 December of same year of applying be 20 yrs or less  
☐ **Individual** K130.00 – (21 yrs and above)  
☐ **Family** K230.00 – (Includes Spouse & Children under the age of 18)  
☐ **Social** K30.00 – (Excluded from shooting, voting)

Additional family members and birth dates, if under 18 years of age: (List others separately if necessary)

Name: Date of Birth: / /  
Name: Date of Birth: / /

#### CONCERT FOR MINOR (Where applicable) \*18 years at 31<sup>st</sup> December at same year of applying

Parents Name:  
Relation to Child:  
Signature: Date: / /


### PAST EXPERIENCE:

If you have any previous experience i.e. if you have used any type of bow in the past for recreational archery please provide a brief history below.

Club Name:		City:	
Type of Bow :	<input type="checkbox"/> Compound	<input type="checkbox"/> Recurve	<input type="checkbox"/> Others
Type of shooting	<input type="checkbox"/> Target	<input type="checkbox"/> Field	<input type="checkbox"/> Others
Level of competence			
(Did you shoot at regular i.e., monthly club tournaments or State level or internationally?)			

What is your aim in joining this club?


### BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT

<b>BANK:</b>	<b>Bank South Pacific</b>	
<b>Account Name:</b>	<b>PNG ARCHERY ASSOCIATION</b>	
<b>Account Number:</b>	<b>1000 984 187</b>	<b>Branch: Waigani Drive</b>
<b>BSB Number:</b>	<b>088-968</b>	

*\*Please attach payment receipt with this application*

### CONSENT AND WAIVER

I, \_\_\_\_\_ certify that the above information is **true** and **correct** and I give **consent** to the **Port Moresby Archery Club** to verify any or all of the above. In signing this form, I undertake to **comply with the constitution** of the Club and **acknowledge** that I participate during training and in competitions **entirely at my own risk** and that the **Port Moresby Archery Club**, the **Papua New Guinea Archery Association** and owners of the archery facility, **Port Moresby Gun Club** **accepts no liability** whatsoever for any **injury, loss or damage** howsoever arising that I may suffer as a result of my participation at training or in any events.

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

### FOR OFFICE USE:

Approved:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, why?	
Date Processed:	____ / ____ / ____	Payment Received:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Payment receipt No:				
Club President:		Signature:		
Club Secretary:		Signature:		