



Bay of Islands Archery Club Application for Membership For period 1/4/15 - 31/3/16

Surname/s: _____

First Names: (List names of ALL those persons included in this application if a family - also give date of birth if under 17 years of age)

I intend to shoot NZ Field Archery events

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Address: _____

Postal Address: _____

Email: _____

Phone: _____

Membership Fees:

Individual Membership \$60.00

Second Family Member \$40.00

Third Family Member \$30.00
FAMILY OF 4 OR More \$160.00

Fourth Family Member \$30-00

Payments must be attached to registration form. Payment methods Cheque (made out to Bay of Islands Archery Club Inc.), Cash or Direct Banking - Bank Account details 12-3091-0210559-00 (Please include surname in reference field).

TOTAL \$ _____ Chq/Cash Receipt No: _____

I/We agree to abide by the Club Rules as laid down in the Constitution.

I/We agree to abide by the Club Safety Policy as set down by the Committee of the Club.

I/We agree to abide by the Safety Tournament Rules as set down by the NZ Field Archery Association Rules and By-Laws and the International Field Archery Association Rules. These rules are available on the following websites: www.nzarchery.co.nz and www.archery-ifaa.com.

I/We agree that any photos taken during a club day/tournament are the property of the Club and may be used for the purpose of promotion/publicity of the Club and its sport.

(tick if appropriate)

I/We do not wish to have my/our photo(s) used for promotion/publicity

Signed: _____ Date: _____

Signed: _____ Date: _____