



3D Archery Association of Australia membership@3daaa.com www.3daaa.com
MEMBERSHIP APPLICATION

NAME: _____
 ADDRESS: _____ TOWN/SUBURB: _____ STATE: _____
 P'CODE: _____ EMAIL: _____
 TELEPHONE: _____ DATE of BIRTH: _____
 YOUR 3DAAA AFFILIATED CLUB: _____

JUNIOR/CUB MEMBERSHIP --- (UNDER 18 Years)

NAME: - Parent/Guardian _____ SIGNATURE: - Parent/Guardian _____

MEMBERSHIP DETAILS: (Please tick appropriate)

Membership Type	FEES – (NON REFUNDABLE)				RENEWAL OF MEMBERSHIP
	1 Year Rate		3 Year Rate		
• ADULT	\$40.00		\$105.00		MEMBERSHIP No.
• JUNIOR (13-17)	\$30.00		\$75.00		FOR OFFICE ONLY: NEW MEMBERSHIP:
• CUB (Under 13)	\$30.00		\$75.00		
• FAMILY (2 x Adults + Juniors and Cubs)	\$85.00		\$215.00		

FAMILY MEMBERSHIP (2 Adults + Juniors/Cubs) *DEPENDANT CHILDREN UNDER THE AGE OF 18 YEARS ONLY FOR FAMILY MEMBERSHIP*
 (Please list all members to be included in Family Membership)

NAME	DATE of BIRTH	MEMBERSHIP No

In making this application, the member/s agree to be bound by the Associations Constitution, Policies, Rules and Procedures for the duration of membership. Please refer to the 3DAAA website www.3daaa.com for full terms and conditions. If the member/s violate any requirements of the Constitution, Policies, Rules and Procedures whilst a member, the member/s, recognise the rights of 3DAAA to terminate, suspend or any other disciplinary action the Association determines necessary.

SIGNATURE: _____ DATE of APPLICATION: _____

PAYMENT METHOD: Credit Card: \$ _____ Cash: \$ _____ Cheque: \$ _____

<input type="checkbox"/>	VISA	<input type="checkbox"/>	MasterCard	<input type="checkbox"/>	CCV
Card Details					Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR CREDIT CARD APPLICATIONS PLEASE ENSURE THAT ALL DETAILS ARE COMPLETE

PRINT NAME of CARDHOLDER _____ **SIGNATURE:** _____

Office use only : Receipt No: _____ Date: ___/___/___ Payment Method: CASH/CHQ/CREDIT CARD/DEPOSIT	Cheque No: _____ Club Voucher No. _____ Bank: Location: MAIL / VISA / MASTERCARD	Please remit application & payment to: MEMBERSHIP SECRETARY PO Box 343 CASINO NSW 2470 Phone: 0438 119 249
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ALL FIELDS ARE TO BE COMPLETED FOR THIS MEMBERSHIP TO BE PROCESSED

Receipt for Renewal or New Member where payment is taken by the Club

Club	Date	Amount Paid	Signature