



# Lake Macquarie Field Archers Inc.

## Membership Application/Renewal\*. Year: 2016

\* Please delete as appropriate

I/we, the person(s) indicate below hereby apply to **become a member/renew my membership** of Lake Macquarie Field Archers Inc.  
(Delete as appropriate)

If admitted to membership, I/we agree to be bound by the Constitution and Operating Procedures of Lake Macquarie Field Archers, the Safety Rules and such other rules that may apply from time to time. I/we agree to pay all due fees or other levies owing to Lake Macquarie Field Archers Inc. by the due date.

I/we recognize that failure to comply with the above may result in termination of my membership. I/we further agree that on cessation of membership for any reason whatsoever I/we shall return all property belonging to LMFA and acknowledge no fees or levies are refundable.

**PLEASE NOTE: For this application to be considered, or renewal to be processed, you must:**

- (i) **provide evidence of current financial membership(s) of 3D Archery Association of Australia (3D AAA), or**
- (ii) **submit a completed 3D AAA Membership Application form(s) with this application.**

|                 |  |               |  |
|-----------------|--|---------------|--|
| Family Name     |  | Given Name(s) |  |
| Address         |  |               |  |
| Suburb          |  | Postcode      |  |
| Ph Home         |  | Ph Work/Mb    |  |
| Date of Birth   |  | Email         |  |
| 3DAAA No        |  | Exp Date      |  |
| Occupation      |  | Gate Key #    |  |
| Fees Paid /Date |  | Receipt #     |  |

**For Family\* Membership, the following children are also covered by this Application**

| Given Name/s | Date of Birth | 3DAAA No. & Expiry date |
|--------------|---------------|-------------------------|
|              |               |                         |
|              |               |                         |
|              |               |                         |

**\*Family: 2 Adults & juniors/cubs. Where a second adult is included in the Family Membership, a separate form must be completed and signed by the adult, then attached to this form.**

I certify that all statements made in this Application are to the best of my knowledge true and correct.

**Applicant Signature.....Date.....**

**Secretary Signature.....Date.....**

Secretary use only.

Date received: ..... New member: Y/N If yes, presented to committee (date): ..... Approved: Yes/No

Applicant advised (date):..... Entered: .....

CK 1/1/16