



**3D Archery Association of Australia** [membership@3daaa.com.au](mailto:membership@3daaa.com.au) [www.3daaa.com.au](http://www.3daaa.com.au)  
**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.au](http://www.3daaa.com.au) 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
<b>Card Details</b>					<b>Expiry Date</b>
<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: <b>MEMBERSHIP SECRETARY</b>  <b>PO Box 343</b>  <b>CASINO NSW 2470</b> <b>Phone: 0438 119 249</b>
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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