

MEMBERSHIP FORM

Preferred method of receiving
Archery Action
 digitally online
 hard copy (mailed)

Post completed form to:
Office Manager ABA
PO Box 5124
Brendale Qld 4500
Phone (07) 3256 3976

Renewal
New Member

ABA Membership N°:

I, (full name) (M-F)
Of (street # & name) (town-city) (p-code)
Postal address (PO Box #)..... (town-city) (p-code)
Phone number Date of birth/...../.....
Email address.....

do hereby wish to make application for membership of the Australian Bowhunters Association Inc (ABA), and if accepted, do undertake to conduct my/our membership in accordance with the Constitution, Rules, Policies and Code of Ethics of the ABA. Additionally, I/we acknowledge that Field Archery and Bowhunting are shooting sports conducted in the natural environment which can impose inherent risks and this application is made in full recognition of the Association's requirement for responsible and ethical behaviour. I/We undertake to do all in my/our power to preserve the good image of the sport and ABA. I/ We understand that members breaking the Code of Ethics and/or ABA's regulations may be subject to sanctions as per the Constitution.

I am a member of (Club)

I agree my contact details can be provided to form a contact list to be used within the Australian Bowhunters Association only.

If you do not agree, tick this box:

Signature of Applicant _____

I enclose the required fees of \$.....

I, the applicant above, also wish to make application for membership of ABA (Inc) on behalf of the following persons, who are members of my family and reside at my address:

Full Name of Applicant	Male-Female	ABA Number	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am prepared to accept the responsibility for the above applicants who are under the age of 18 years, until they attain such age.

Parent-Guardian Signature _____ ABA Number if Applicable: _____

The Australian Bowhunters Association Inc reserves the right to refuse, suspend or terminate the membership of any person whose conduct contravenes the Constitution, Rules and Policies of Association of the ABA. Failure to provide information sought or supply of incorrect information may result in application being rejected.

RENEWALS and/or Advance Memberships for existing members

	12 months	3 years in advance
Adults	\$75	\$205
Juniors-Cubs	\$50	\$145
Families	\$160	\$435

New Members (12-month membership including joining fee)

Adults	\$100
Juniors-Cubs	\$75
Families	\$205

PENSIONER DISCOUNT: Deduct 10% from fees listed.

Quote Pension Benefit Card Number:

All fees include GST

ASSOCIATION USE ONLY

M'ship #s Allocated

Receipt Number

Computer Entered

M'ship Forwarded

Note: Dates of birth must be shown for all persons listed. Club name must be shown. **Family membership applies only to parents and their children under 18 years of age.** Separate single membership must be taken for children over 18 years. Couples without children under 18 years also pay separate single membership. In the case of family renewals, state ABA membership numbers. If insufficient space, use additional form.

Card Number ↓	NAME OF CARDHOLDER (print)	_____
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	_____
Expiry Date (mm yy)	_____	Signature _____

12/2018



INCORPORATED (Inc in NT No A01978C) GST TAX INVOICE GST ABN 79 750 431 225

APPLICATION FORM FOR MEMBERSHIP TO THE AUSTRALIAN BOWHUNTERS ASSOCIATION™

