ABA Number:	Expiry:
ND/ (INGILIDEI :	LAPITY.

Central Coast Moonterra Archery Club P.O Box 430, Wyong NSW 2259 Membership Application & Renewal

I, (Mr/Mrs/Miss) _							
	SURNAME (block le	etters)	GIVEN NAME	S (block letter	rs)		
OF							
			(FULL ADDRESS	5)			
PHONE No:			_ BUISNESS No:				
OCCUPATION or B	UISNESS TYPE:		EMAIL:				
If accepted, I unde Archery Club. I und Association. I also	derstand that my men	nembership in nbership is cor member of Ce	accordance with the ditional upon mysentral Coast Moonte	he Constitutio elf maintainin	n rules & a g member	ship to t	of Central Coast Moonterr the Australian Bowhunters attend at least two (2)
Are you a member	of any other club, ass	ociation or sp	orting organisation	? Please give	details inc	luding a	ny positions held.
	o wish to make applic age please state date (bership on behalf o	of the followin	ng family n	nembers	s & reside at my address. I
Full name of applic	cant 1)				, ,	20	ABA#
run nume or appin						20	
						20	ABA#
	4)				//	20	ABA#
I am prepared to a	ccept the responsibilit	ty for the abov	ve applicants whom	n are under 18	years of a	ige.	
			Signed & D	ated:			
inherent risks. Con I/we may sustain i	t Field Archery & Bow sequently on becomin n such circumstances y liability in relation th	ng a member o & acknowledg	of Central Coast Mo	onterra Club,	I/we acce	pt respo	onsibility for any injury
			Signed & D	ated:			
	The Central Coast Moo of any person whose co				_		e, suspend or terminate
			Signed & D	ated:			
I enclosed paymen	nt of \$ re	epresenting th	e membership fee	for the financ	ial year en	ding 30¹	th June 20
	ication is under 18 yea he applicant until he/			_	this extra	endorse	ment that they accept full
Signed & Dated:			//20	Print Name: _			
Accented		Signed & Da	ted by Committee I	Memher			