



Bowmen of Melville (Inc.)

Office use only

Pre-paid/weekly

Received by:

MEMBERSHIP APPLICATION:

NAME: _____

ADDRESS: _____

SUBURB: _____ POST CODE: _____

POSTAL ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS):

DATE OF BIRTH: ___/___/____ MALE () FEMALE ()

HOME PHONE: _____ MOBILE: _____ WORK PHONE: _____

EMAIL: _____@_____

BOW TYPE: COMPOUND () RECURVE () LONGBOW () OTHER () UNDECIDED ()

DECLARATIONS:

- I provide consent for Archery WA to collect, use and disclose my personal information as outlined in the Privacy Statement below.
- I understand that I am entitled to access my own records
- I understand and agree that my name and/or photo may be published via both electronic and print mediums, including but not limited to: Club, AWA and AA newsletters and websites, archery magazines and newspapers.
- I agree to abide by all rules of Archery Australia and Archery Western Australia, which relate, in part, to safe and fair sporting practices. Copies of these are available at the club.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN (If applicant is under 18)

PARENT/GUARDIAN NAME

I _____ herewith nominate _____

for Membership to Bowmen of Melville.

SIGNATURE OF MEMBER _____ MEMBER NUMBER _____

PRIVACY STATEMENT: Personal Information collected is for the purpose of membership requirements and/or competition requirements. It will not be released for any commercial purpose/sold to third parties. All information is maintained in a secure location as required under the *Privacy Act of 1988*. Access to information is limited to nominated members of the Executive Committee only.