



Archery Australia Inc, Archery Western Australia (AWA),
and
Bowmen of Melville (BoM)



Membership Application / Nomination Form

PLEASE WRITE CLEARLY

TITLE		FIRST NAME/S		SURNAME	
DATE OF BIRTH				CONTACT NO.	
EMAIL ADDRESS					
STREET ADDRESS					
SUBURB				POST CODE	
TYPE OF BOW EXPECTED TO USE:		<input type="checkbox"/> RECURVE <input type="checkbox"/> COMPOUND <input type="checkbox"/> LONGBOW <input type="checkbox"/> BAREBOW			

DECLARATION BY APPLICANT

I certify that the information given by me is correct and hereby make application for membership of the Club, RGB (AWA) and Archery Australia Inc. I agree to be bound by, and to conduct myself in accordance with, the respective constitution, by-laws, rules, policies, and procedures of the Club, RGB and Archery Australia Inc.

I hereby declare that I am not aware of any health issues or disabilities, that could endanger the safety of myself or other members of the Club, RGB and Archery Australia Inc, or if I do have such issues, I will notify the Secretary in writing before engaging in any archery related activity.

I hereby consent to the collection and use of my personal images, results, awards and prizes received. I acknowledge these may be used by the Club, RGB or Archery Australia Inc. for websites, newsletters, and publications for the promotion of the sport.

I further acknowledge that my images, results, awards, and prizes may be used by the Club, RGB and Archery Australia Inc and Media to promote the Club, RGB and Archery Australia Inc. I understand that some personal information such as scores and achievements can be viewed by anyone who accesses Club, RGB and Archery Australia Inc websites, or publications or general media and that my consent can be withdrawn at any time, upon written notice to the Secretary.

Your privacy is our priority. All personal information you have provided will help us process your application to become a member. Archery Australia, RGB and Club may use your information to communicate with you and to inform you of activities and events and may also give your information to a government body in response to a lawful request. I consent to this. A full copy of the privacy policy is available at www.archery.org.au.

ACCEPTANCE OF CLUB RULES AND POLICIES

In making this Application for Membership, I agree to be bound by, and to conduct myself in accordance with, the respective constitution, bylaws, rules, policies and procedures of the

CONTINUE ON PAGE 2

Bowmen of Melville Club, Archery Western Australia, Archery Australia Inc., and particularly the Archery Western Australia Member Protection Policy.

MEMBERSHIP CONDITIONS

I understand that the information provided will be used and retained by the Club, Archery Western Australia and Archery Australia and will not be provided to third parties for commercial purposes. (A full copy of the Archery Australia privacy policy is available at www.archery.org.au)

I consent to the collection and use of my personal images, results, awards, and prizes received. I understand that these may be used by the Club, RGB or Archery Australia for websites, social media, newsletters, and publications for the promotion of the Club and the sport. I understand that anyone can access Club, RGB or Archery Australia websites, publications, and general media and that my consent can be withdrawn at any time, upon written notice to the Club Secretary.

EXPERIENCE

It is a condition of joining **Bowmen of Melville (BoM)** that I have,

- Completed a course of instruction in the sport of Archery with the BoM Club or another Archery Australia Club or,
- Been assessed by and received approval from a qualified BoM Club Coach and my archery equipment has been inspected and approved for use on BoM Club grounds, or
- Am transferring from an existing Archery Club or
- Am an existing Club Member renewing my membership.

PLEASE NOTE: If you are applying for new membership, you cannot shoot unsupervised until you are notified that your application has been processed, and you have been accepted as a Probationary Member.

REFUND POLICY

In the event of my membership being denied with the Club I understand that there may be twenty (20%) percent administration charge deducted from any monies paid by me.

I have read and agree to the above information.

Applicant Signature _____

Date _____

IF UNDER 18, PARENT OR GAURDIAN DETAILS

Parent/Guardian Signature _____

Date _____

Full Name _____

Contact No _____

Bank Transfer Details: BSB: 806 015 Acct: 02 086 680

Please pay \$100 and annotate the payment with 'NOMFORM YOUR NAME'.

Send payment receipt to secretary@bom.org.au & membership@bom.org.au