|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DARWIN TOP END BOWHUNTERS INC.**    **Email: darwin\_top\_end\_bowhunters@hotmail.com**  **Web: www.topendbowhunters.com.au**  **Post: PO Box 3342 Palmerston NT 0831** ABN 48 539 147 569 Bendigo Bank BSB 633-000 Account Number 161341433  **MEMBERSHIP APPLICATION** | | | | | | | | | | | | | | | |
| **I / We would like to apply for membership to the Darwin Top End Bowhunters Incorporated**. **If accepted, I / We the applicant/s, undertake to comply with the Constitution and Rules of the Darwin Top End Bowhunters Inc.**  Membership is to be submitted to Club by hand or post  Full Name  Residential Address  Post Code  Postal Address  Post Code  Telephone  Work  Mobile  Email Address (PRINT CLEARLY)  Required as most correspondence is conducted by email  **Non- members may attend a maximum of three (3) shoots before joining Darwin Top End Bowhunters**  I certify that the information above is true and correct. **Applicants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  I, the applicant above, also wish to make application for membership to the Darwin Top End Bowhunters Incorporated on behalf of the following persons, who are: | | | | | | | | | | | | | | | |
| **Full Name & Address (if different from above) Ph. Number (adults) Date of Birth** | | | | | | | | | | | | | | | |  |
|  | | | | | | | |  | | | |  | | | |
|  | | | | | | | |  | | | |  | | | |
|  | | | | | | | |  | | | |  | | | |
|  | | | | | | | |  | | | |  | | | |
|  | | | | | | | |  | | | |  | | | |
| **Junior members whose parents or guardians that are not members of Darwin Top End Bowhunters Incorporated must have the following section completed by their parent or guardian.** I, (Full Name)  Of (full address)  Dated  being the parent/guardian of the above junior do undertake full responsibility for the actions of th  e applicant until he/she reaches the age of 18.  Signed  The Darwin Top End Bowhunters Inc. reserve the right to refuse, suspend or terminate the membership of any person whose direct conduct contravenes the Constitution and Rules of the Darwin Top End Bowhunters Inc. | | | | | | | | | | | | | | | |
| **Renewal Fees Members who fail to renew fees by 01 March will be uninsured and therefore cannot participate or shoot on club grounds:** | | | | | | | | | | | | | | |  |
| **Membership is for calendar year. These fees are non-refundable** | | | | | | | | | **Membership due 01 March** | | | |  |  |
|  | **Family** | $200.00 |  | **Adult** | $100.00 |  | **Junior** | $50.00 | | | | | |
|  | |  | |  | | | | | | |
| **New Memberships not previously a members** | | | | | | | | | | | | | |
|  | |  | Jan - Mar |  | Apr - Jun |  | Jul - Sep |  | | Oct - Dec |  | | |
| Family | $200.00 | $150.00 | $100.00 | $50.00 |
| Adult | $100.00 | $75.00 | $50.00 | $25.00 |
| Junior | $50.00 | $37.00 | $25.00 | $12.00 |
| **FOR OFFICE USE ONLY:** | | | | | | | | | | | | | |
| **PAYMENT METHOD**  CASH: $\_\_\_\_\_\_\_\_\_\_\_\_ Direct deposit reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| SPORTS VOUCHER #’s Amount $  I, (Full Name) Signature:  propose the above membership application.   |  |  | | --- | --- | | **Attach Receipt here**. | **Please remit application & payment to:** | | The Secretary  DARWIN TOP END BOWHUNTERS INC.  PO BOX 3342  PALMERSTON NT 0831 | | | | | | | | | | | | | | |