



DARWIN TOP END BOWHUNTERS INC.



ABN: 48 539 147 569
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 Web: www.topendbowhunters.com.au
 Post: Po Box 3342 Palmerston NT 0831
 Westpac Bank – BSB: 035-318 Account Number: 332339

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, By-Laws & Rules of Darwin Top End Bowhunters Inc.
 Membership form is to be submitted to Club by hand or post.

Full Name: _____
 Residential Address: _____ Post Code: _____
 Postal Address: _____ Post Code: _____
 Telephone: _____ Mobile: _____
 Email (PRINT CLEARLY): _____

(Required as most correspondence is conducted by email.)

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)	Phone Number (adults)	Date of Birth (child)

Junior members whose parents or guardians that are not members of Darwin Top End Bowhunters Inc. must have the following section completed by their parent or guardian.

I, (Full Name) _____ of
 (Full Address) _____,
 being the parent/guardian of the above junior, do undertake full responsibility for the actions of the applicant until he/she reaches the age of 18 years.

Sign: _____ Dated: _____

The Darwin Top End Bowhunters Inc. reserves the right to refuse, suspend or terminate the membership of any person whose direct conduct contravenes the Constitution, By-Laws & Rules of the Darwin Top End Bowhunters Inc.

Non- members may attend a maximum of three (3) shoots before joining Darwin Top End Bowhunters Inc.

Membership Renewal Fees – Previous Members									
Membership is for the calendar year. Fees are non-refundable.							Membership due before 1 st March		
Family	\$200.00	Adult	\$100.00	Junior	\$50.00	Senior	\$75.00	Seniors Card #	
New Membership Fees – NOT previously a member									
	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		
Senior	\$75.00		\$56.00		\$37.00		\$18.00		
	Seniors Card #								

Office Use Only

PAYMENT METHOD: CASH: \$ _____
 DIRECT DEPOSIT AMOUNT: \$ _____ REFERENCE: _____
 SPORTS VOUCHER AMOUNT: \$ _____ SPORTS VOUCHER # _____

Nominated by: (Full Name) _____ Signature: _____ Dated: _____
 Seconded by: (Full Name) _____ Signature: _____ Dated: _____
 Committee Approved Date: _____
 Executive Position: Pres/VP/PO/Sec/Tres Executive Name: _____ Signature: _____