

THE ARCHERS OF CALEDON

MEMBERSHIP APPLICATION

(please print)

NAME: _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

PHONE: HOME: (____) _____ CELL: (____) _____ WORK: (____) _____

EMAIL: _____ OAA* MEMBER? Y / N OAA # _____

* Ontario Association of Archers

MEMBERSHIP INFORMATION:

TYPE OF MEMBERSHIP: FAMILY: ___ SINGLE: ___ JUNIOR/STUDENT: ___ (DOB: ___/___/___)

FAMILY MEMBERS: Spouse/Partner: _____ OAA# _____

Children: _____ OAA# _____ DOB: _____

_____ OAA# _____ DOB: _____

_____ OAA# _____ DOB: _____

_____ OAA# _____ DOB: _____

VEHICLE INFORMATION: MAKE: _____ PLATE #: _____

I WAS RECOMMENDED TO THE CLUB BY: _____ I/WE ATTENDED ARCHERY SCHOOL: _____

MEMBERSHIP FEES: The membership year runs January – December. HST applies to initiation fee and annual fees.

INITIATION FEE: \$50 or \$25 (after attending archery school) \$ _____
(payable by all new members except for Juniors/Students)

FAMILY ASSOCIATE: \$396.00 (or \$99.00 + 13%HST quarterly) \$ _____
(cheques dated 1st of Jan, April, July and Oct)

SINGLE ASSOCIATE: \$312.00 (or \$78.00 + 13%HST quarterly) \$ _____
(cheques dated 1st of Jan, April, July and Oct)

JUNIOR/STUDENT:* \$100.00 \$ _____
(*20 years or under as of Jan 1st. Applicants < age 18 must have written consent of parent or legal guardian)

HST 13% \$ _____

TOTAL PAYMENT DUE: \$ _____

I hereby apply for membership in The Archers of Caledon. Upon the acceptance of my application, I agree to abide by the Rules and Regulations of the Club, and understand that the members must participate in the club's Work Sharing Program. I am aware that the shooting of a bow and arrow can be dangerous. I agree that I will not hold The Archers of Caledon or any of its officers or members responsible for any personal injury to myself or my family while on the property. I release The Archers of Caledon from all liability, present and future, and for any property damage or personal injury.

SIGNATURE of APPLICANT: _____ DATE: _____

SIGNATURE of PARENT or GUARDIAN (IF APPLICANT IS UNDER 18 YEARS OF AGE): _____ DATE: _____

Number of cheques enclosed: _____	Amount of each cheque: _____
Received by: _____	Date: _____
Application Processed by: _____	Date: _____