



Port Moresby Archery Club Inc.
PO Box 625,
Gordons, NCD
Papua New Guinea
E: pomarcheryclub@gmail.com
Website: www.pomarcheryclub.org

MEMBERSHIP APPLICATION FORM

YEAR:

I wish to apply to become a member / renew my membership of the Port Moresby Archery Club.

PERSONAL DETAILS:

GIVEN NAME: _____ **SURNAME:** _____ (as in passport)

DATE OF BIRTH: _____ **MALE/FEMALE**

NATIONALITY: _____

POSTAL ADDRESS: _____

CONTACT: MOBILE: _____ **WORK NUMBER (OPTIONAL)** _____

EMAIL: _____

OCCUPATION: _____

RESIDENTIAL ADDRESS: _____

NOMINATED BY: (must be current financial member): _____ **MEMBERSHIP NUMBER** _____

MEMBERSHIP TYPE:

Please circle the type of membership you are applying for and complete additional family names if required. Please submit your membership fee with this form. All memberships are valid for 1 year.

YOUTH:	K 90.00 – youth category: age at 31 December of same year of applying be 20 yrs or less
INDIVIDUAL:	K130.00 – (21 yrs and above)
FAMILY:	K230.00 – (Includes Spouse & Children under the age of 18)
SOCIAL:	K30.00 – (Excluded from shooting)

Additional family members and birth dates, if under 18 years of age: (List others separately if necessary)

NAME: _____ **DATE OF BIRTH:** _____

NAME: _____ **DATE OF BIRTH:** _____

NAME: _____ **DATE OF BIRTH:** _____

NAME: _____ **DATE OF BIRTH:** _____

PAST EXPERIENCE:

If you have any previous experience i.e. if you have used any type of bow in the past for recreational archery please provide a brief history below.

CLUB NAME: _____ CITY: _____

TYPE OF BOW: COMPOUND / RECURVE / OTHER POUNDAGE: _____

TYPE OF SHOOTING: TARGET / FIELD / OTHERS

LEVEL OF COMPETENCE: _____

(Did you shoot at regular i.e., monthly club tournaments or State level or internationally?)

WHAT IS YOUR AIM IN JOINING THIS CLUB: _____

BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT

ACCOUNT NAME: PNG ARCHERY ASSOCIATION

BANK: Bank South Pacific BRANCH: Waigani Drive

ACCOUNT No. 1000 984 187

Please provide original deposit slip to our Treasurer

CONSENT AND WAIVER

I, _____ certify that the above information is true and correct and I give consent to the Port Moresby Archery Club to verify any or all of the above. In signing this form, I undertake to comply with the constitution of the Club and acknowledge that I participate during training and in competitions entirely at my own risk and that the Port Moresby Archery Club, the Papua New Guinea Archery Association and owners of the archery facility, Port Moresby Gun Club accepts no liability whatsoever for any injury, loss or damage howsoever arising that I may suffer as a result of my participation at training or in any events.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE:

APPROVED: YES / NO : IF NO WHY?

DATE PROCESSED: _____ MEMBERSHIP NO: _____

PAYMENT DETAILS: _____

NOMINATOR _____ SECONDER _____