

The Archers Of Caledon

MEMBERSHIP APPLICATION

Name [Please Print]: _____

Address: _____ City: _____ Postal Code: _____

Phone: Home: () _____ Work: () _____ Fax: () _____

Email Address : _____

MEMBERSHIP INFORMATION

Type of Membership [Please Check]: Family [] Single Adult [] Junior/Student [] (Age _____)

Family Members Spouse's Name: _____

Children: 1: _____ Date of Birth: _____

2: _____ Date of Birth: _____

FAMILY MEMBERS WHO REQUIRE CARDS: _____

Vehicle Information : Vehicle #1 Make: _____ Plate #: _____

I was recommended to the Club by: _____

MEMBERSHIP FEES

INITIATION FEE:	\$ 50.00	(From Archery School: \$ 25.00) (Payable by all new members except for Juniors & Students.)
FAMILY:	\$396.00	(\$33.00/month or \$99.00/quarter) (Family memberships include spouse & student children.)
SINGLE ADULT:	\$312.00	(\$26.00/month or \$78.00/quarter)
JUNIOR/STUDENT*:	\$100.00	(*18 years or under as of January 1 st . Applicants under the age of 18 must have written consent of parent or legal guardian).

NOTE: Monthly and quarterly payments by post dated cheques.
The membership year runs from January 1st through December 31st.

PAYMENT

Initiation Fee : \$ _____
Family Fee : \$ _____
Adult Fee : \$ _____
Junior/Student Fee : \$ _____

**Please make cheques payable to
The Archers of Caledon.**

Total Payment Due : \$ _____

(Number of cheque/s enclosed: _____ Amount of each cheque : \$ _____)

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 my family or myself while on the Club property. I release The Archers of Caledon from all liability, present and future, and for any property damage or personal injury.

Applicant Signature: _____ Date: _____