

Membership #

THE ARCHERS OF CALEDON

MEMBERSHIP APPLICATION 2021

(please print)

NAME: _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

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

EMAIL: _____ AO* MEMBER? Y/N AO # _____
* Archery Ontario Formerly Ontario Association of Archers

MEMBERSHIP INFORMATION:

TYPE OF MEMBERSHIP FAMILY: _____ SINGLE: _____ JUNIOR/STUDENT: _____ DOB: (____/____/____)
DAY MONTH YEAR

FAMILY MEMBERS: Spouse/Partner: _____ AO# _____ DOB: _____

Children: _____ AO# _____ DOB: _____

_____ AO# _____ DOB: _____

_____ AO# _____ DOB: _____

_____ AO# _____ DOB: _____

VEHICLE INFORMATION (MAKE& MODEL): _____ PLATE #: _____

I WAS RECOMMENDED TO THE CLUB BY: _____ I/WE ATTENDED THE 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: **\$465.00** (or \$116.25 + 13% HST = **\$131.36** quarterly) \$ _____
(cheques dated 1st of Jan, April, July and Oct)

SINGLE ASSOCIATE: **\$367.00** (or \$91.75 + 13% HST = **\$103.68** quarterly) \$ _____
(cheques dated 1st of Jan, April, July and Oct)

JUNIOR/STUDENT: * **\$150.00** \$ _____
(*25 years or under as of Jan 1 2021 and a full-time student. Applicants < age 18 must have written consent of parent or legal guardian.)

HST 13% \$ _____

TOTAL PAYMENT DUE: \$ _____

I hereby apply for membership to 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: _____