

Membership #

# THE ARCHERS OF CALEDON

## MEMBERSHIP APPLICATION 2023

(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*)

**WORKSHARE FEE:** **\$100.00** (is reviewed each year and can be waived on **\$ 100.00**  
renewal if workshare hours are completed)

**FAMILY ASSOCIATE:** **\$489.50** (or \$122.38 + 13% HST = **\$138.29** quarterly) \$ \_\_\_\_\_  
(Cheques dated 1<sup>st</sup> of Jan, April, July and Oct)

**SINGLE ASSOCIATE:** **\$387.50** (or \$96.88 + 13% HST = **\$109.47** quarterly) \$ \_\_\_\_\_  
(Cheques dated 1<sup>st</sup> of Jan, April, July and Oct)

**JUNIOR/STUDENT: \*** **\$158.00** \$ \_\_\_\_\_  
(\*25 years or under as of January 1,2023 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: \_\_\_\_\_