## THE ARCHERS OF CALEDON

## **MEMBERSHIP APPLICATION 2024**

| (Please print) NAME:   |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| ADDRESS:   |   |  | CITY:  |  | POSTAL CODE:   |  |
| PHONE: HOME: ()  |   |  | CELL: (  | _ CELL: ()                             |  |  |
| EMAIL:   |   |  |  | AO* MEMBE * Archery Ontar              | R? Y/N AO#   |  |
| MEMBERSHIP INFORMA   | TION:   |  |  |  |  |  |
| TYPE OF MEMBERSHIP   | FAMILY:   | SINGLE:  | JUNIOR/S   | STUDENT*:                              | DOB: (//)  |  |
| FAMILY MEMBERS:  | Spouse/Par  | tner:  |  | _ AO#                                  | DOB:   |  |
|  | Children:   |  |  | AO#                                    | DOB:   |  |
|  | _   |  |  | AO#                                    | DOB:   |  |
|  | _   |  |  | AO#                                    | DOB:   |  |
|  | _   |  |  | AO#                                    | DOB:   |  |
| VEHICLE INFORMATION (MAKE& MODEL): PLATE                                 |   |  |  | #:                                     |  |  |
| MEMBERSHIP FEES:   | The members   |  | - December. HS   | T applies to initiat                   | tion fee and annual fees.  |  |
| WORKSHARE FEE: FAMILY ASSOCIATE:   |   | \$100.00 (is reviewed each year and can be waived on renewal if workshare hours are completed) \$499.00 (or \$124.75 + 13% HST = \$140.97 quarterly) (Cheques dated 1st of Jan, April, July and Oct) |  |  | <b>\$ 100.00</b> \$  |  |
| SINGLE ASSOCIATE:  |   | <b>\$395.25</b> (or \$98.81 + 13% HST = <b>\$111.66</b> quarterly} (Cheques dated 1 <sup>st</sup> of Jan, April, July and Oct)   |  |  | \$   |  |
| JUNIOR/STUDE<br>(*25 years or under                                      | <b>61.00</b><br>024 and a full-time student.        | Applicants < age 18 r  | nust have written con  | \$sent of parent or legal guardian.)   |  |  |
|  |   |  |  | HST 13%                                | \$   |  |
|  |   |  | TOTAL  | PAYMENT DUE:                           | \$   |  |
| Regulations of the Club an shooting of a bow and arr                     | nd understand<br>row can be dan<br>al injury to mys | that the members must<br>agerous. I agree that I w<br>self or my family while or   | participate in the<br>ill not hold The A<br>the property. I re | club's Work Shari<br>rchers of Caledon | agree to abide by the Rules and ng Program. I am aware that the or any of its officers or members of Caledon from all liability, |  |
| SIGNATURE of APPLICANT:  |   |  |  |  | DATE:  |  |
| SIGNATURE of PARENT or GUARDIAN (IF APPLICANT IS UNDER 18 YEARS OF AGE): |   |  |  |  | DATE:  |  |
| Number of cheques end  | closed:   | Amount of each ch  | eque:  |  |  |  |

Received by: \_\_\_\_\_ Date: \_\_\_\_ Application Processed by: \_\_\_\_\_