

# WARWICK & DISTRICT ARCHERS ASSOCIATION INC.

## Individual and Family Annual Membership Form

**ABN:** 84-607-549-353

**Club Grounds:** 212 Ford Road, Rosenthal Heights, Warwick, Qld 4370

**Bank:** Commonwealth

**BSB:** 064434

**Account:** 00906641 Please add your surname to deposits as the reference



Principal member's details:

<b>Full Name</b>	
<b>Address</b>	
<b>Mobile Phone</b>	
<b>Email</b>	

Membership category being applied for: (Tick one or two boxes)

<b>Single Standard Club Membership</b>	\$50 for 12 months single standard membership. (Note: An additional \$10 is fee payable for each club shoot event.) (Not available in association with a Family Membership.)	
<b>Single Ultra Club Membership</b>	\$150 for 12 months for single ultra membership. This also covers all event shoot fees.	
<b>Additional Family Membership</b>	\$100 flat fee to cover all family members resident at the same address. Only available with an Ultra Club Membership.	

Additional Family Member details:

The principal member, listed above, will become the custodian for memberships of family members listed below. Note: Only family members resident at the same residential address as the Principal Member will be accepted.

<b>Full Name</b>	<b>Date of Birth</b>


Membership agreement:

<b>Total Membership Fees payable</b>	<b>\$</b>
<b>Principal Member signature</b>	
<b>Date</b>	

## MEDICAL INFORMATION AND CONSENT

The Warwick & District Archers Association Inc. are required to collect the information requested on this form in order to provide, or arrange, First Aid and other medical treatment for members, should medical assistance be required. The information will be held in the club house and will be made available to First Aid responders or Queensland Ambulance Service personnel.

<b>Name of principal member</b>	
<b>Primary person to be contacted in case of emergency</b>	Name and phone number
<b>Any additional person to be contacted in case of emergency</b>	Name and phone number

Please circle any of the following medical conditions if they apply to the principal member or family member:

<b>Issue:</b>	<b>Any additional issue details. Name of member/s.</b>
<b>Allergies</b>	
<b>Epilepsy</b>	
<b>Anaphylaxis</b>	
<b>Diabetes</b>	
<b>Fainting</b>	
<b>Drug reaction</b>	
<b>Asthma</b>	
<b>Heart condition</b>	
<b>Other issue</b>	

If you circled any of the above medical issues, please complete an Emergency treatment Plan and provide it to the Club. The Emergency Treatment Plan will be provided to first responder medical treatment service personnel.

<b>Date of most recent Tetanus injection</b>	
<b>Any other health related information you wish to have on record</b>	

In the case of myself or any family member, requiring medical treatment, or in the case of a medical emergency, I consent to the club providing first aid or treatment as outlined in my

personal Emergency Treatment Plan lodged with the club. I further authorize the club, where it is impracticable to communicate with me, to arrange for myself, or family member, to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport, drugs, and any hospital or related medical care.

<b>Signature of principal member</b>	
<b>Date</b>	