



**RENEGADE BOWMEN INC**  
**ABN 99411634213**  
**APPLICATION FOR MEMBERSHIP**  
**2019/2020**  
**PO Box 2487. North Ipswich, Qld. 4305**



boxes:	New Membership	<input type="text"/>	Adult	<input type="text"/>
	Annual Renewal	<input type="text"/>	Family	<input type="text"/>
	Past Member	<input type="text"/>	Junior	<input type="text"/>

..... ABA Number..... (M/F).....

..... (Town/City).....

P/Code ..... Ph. Number ..... Date of Birth..... Occupation.....

Mobile Ph. Number..... Email Address.....

do hereby wish to make application for membership of Renegade Bowmen Inc., and if accepted, do undertake to conduct my membership in accordance with the Constitution, Rules and Policies of association of Renegade Bowmen and the Renegade Bowmen Code of Ethics. Additionally, I/we acknowledge that Field Archery and Bowhunting are shooting sports conducted in the natural environment which can impose inherent risks. Consequently, on becoming a member of the Club, I/we accept responsibility for any injury I/we may sustain in such circumstances and acknowledge and waive any right of action against Renegade Bowmen Inc. and its members and absolve Renegade Bowmen and its members from any liability in relation thereto.

Name and phone contacts details to be entered in the Club Phone Book YES ..... NO .....

I am / am not a member of another bowhunting or archery club. Please state details: \_\_\_\_\_

I certify that the information above is correct. Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I enclose the required fee of \$ \_\_\_\_\_ or deposit to Westpac Bank: BSB# 034189 Acc# 771639 **REFERENCE YOUR NAME**

I the applicant above also wish to make application for membership of Renegade Bowmen Inc. on behalf of the following persons, who are members of my family and reside at my address: **NOTE: Separate single membership must be taken for children over 18 years.**

Full Name of Applicant	Male/Female	ABA Number	Date of Birth	Occupation

I am prepared to accept the responsibility for the above applicants who are under the age of 18 years, until they attain such age.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

The Renegade Bowmen Inc reserve the right to refuse, suspend or terminate the membership of any person whose direct conduct contravenes the Constitution and Rules of the Renegade Bowmen Inc. and the A.B.A Inc.

	Levy (\$25)	New Applicants		Pro-rata Fee Structure for New Applicants Only				3 Years			
	Yes/No	1/07 – 30/06		01/10 – 30/06	01/01 – 30/06	01/04 – 30/06					
Adult (>17yrs)		\$50	<b>\$75</b>	\$37.50	<b>\$62.50</b>	\$25	<b>\$50</b>	\$12.50	<b>\$37.50</b>	\$130	<b>\$205</b>
Junior/Cub		\$40		\$30		\$20		\$10		\$100	
Family		\$60	<b>\$85</b>	\$45	<b>\$70</b>	\$30	<b>\$55</b>	\$15	<b>\$40</b>	\$160	<b>\$235</b>

**It is the responsibility of the Member to make the Committee aware of Voluntary Contribution and therefore the Maintenance Levee waiver.**

**All members of Renegade Bowmen Inc. are required to be members of the Australian Bowhunters Association Inc. New Applicants are required to attend four (4) coaching clinics, endorsed by the Club coach.**

**Send all applications to: Membership Secretary, PO Box, 488 Ipswich, Qld, 4305**

Renegade Bowmen Inc. Application Form 2019/2020