



DEAD CENTRE BOWHUNTERS

An Affiliated Club of the Australian Bowhunters Association
PO Box 2701 ALICE SPRINGS NT 0871
www.deadcentrebowhunters.org



CLUB MEMBERSHIP APPLICATION

I, (full name) Date of Birth/..... Gender

Of (street address)

Postal Address

Phone Number Email Address

hereby apply for membership of Dead Centre Bowhunters (DCB), and if accepted, shall undertake to conduct my membership in accordance with the Constitution, Rules and Policies of DCB.**

Additionally, I understand and acknowledge that:

- **Field Archery and Bowhunting are shooting sports conducted in the natural environment which can impose inherent risks and this application is made in full recognition of the Association's requirement for responsible and ethical behaviour.**
- **No physical, psychological or medical impairment exists that might affect my safe participation in any DCB activity.**
- **It is my responsibility to notify/avoid photography taking place at DCB if I do not wish my images to be used by DCB.**

Furthermore, I undertake to:

- **Do all in my power to preserve the good image of the sport and DCB.**
- **Separately maintain my ongoing membership of the Australian Bowhunters Association (<http://www.bowhunters.org.au>)**
- **Advise DCB of any change to the information provided on this form.**

Family Membership (Additional family members residing at the same address as the applicant):

(full name) Date of Birth/..... Gender

(full name) Date of Birth/..... Gender

(full name) Date of Birth/..... Gender

(full name) Date of Birth/..... Gender

(full name) Date of Birth/..... Gender

Emergency Contact / Next of Kin

(full name) Phone number

Alice Springs Shooting Complex (ASSC) PO Box 511 / Lot 2423 Butler Road ALICE SPRINGS NT 0870 Ph: 8953 0798 ABN 84 768 012 201

I acknowledge that membership of DCB requires membership of the Alice Springs Shooting Complex (ASSC) and that on my behalf DCB will forward my personal details and the fee listed below (paid to DCB in addition to my DCB membership). I undertake to conduct my membership in accordance with the Constitution, Rules and Policies of ASSC.



Signature of Applicant Date/.....

Signature of Parent/Legal Guardian (if applicant under 18 years) Date/.....

Membership Fees (three monthly pro-rata applies for a membership year of July to June / Family one/two adults and any children)

DCB:	Individual Adult (over 18 years)	\$80.00	Individual Junior (under 18 years)	\$50.00	Family	\$125.00
ASSC:	Individual Adult (over 18 years)	\$100.00	Individual Junior (under 18 years)	\$0.00	Family	\$150.00

**** When required by the context of this Membership Application, the singular shall include the plural. (i.e. Family members I/We, My/Our)**

The Dead Centre Bowhunters website contains additional information about the club - <http://www.deadcentrebowhunters.org>

The constitutions of DCB, ABA and ASSC are available at http://www.deadcentrebowhunters.org/about_dcb.html

(under "DCB Documents" heading)

rev: Feb 2019