Capital Field Archers

Membership Application/Renewal 2026–2027

Full Name	Date of Birth	Male / Female	ABA Number	ABA Expiry Date

Address	State	Postcode	Mobile Phone No: / Home Phone No:

Email Address	Vikings Membership Number

I, the abovementioned applicant, wish to apply for membership of Capital Field Archers and undertake to conduct my membership in accordance with the constitution and rules of the club.

I also wish to make an application for membership of the Capital Field Archers on behalf of the following persons, who are members of my family and reside at the same address:

Full Name	Date of Birth	Male / Female	ABA Number	ABA Expiry Date

I am prepared to accept responsibility for all persons listed above who are under the age of 18 years.

I agree that my name and other details provided on this form may be provided to the Vikings Group.

This is a requirement of the Vikings Bonus Grant process that we use to provide additional funding for this club.

I have provided payment for this registration period (or part thereof) covering CFA membership for the people listed above.

Payment may be made in cash at the club or by direct bank transfer.
If using bank transfer please include your name in the deposit details.
All payments must be accompanied by this form.

Account Name: Capital Field Archers
BSB: 633-000
Account Number: 219 443 108

Membership Fee Paid

Payment method — Bank Transfer / Cash Payment

Membership	Jul26-Jun27	Oct26-Jun27	Jan27-Jun27	Apr27-Jun27
Adults	$50.00	$40.00	$25.00	$15.00
Juniors	$30.00	$25.00	$15.00	$10.00
Family	$80.00	$60.00	$40.00	$20.00

I currently hold a first aid certificate or other medical training. Yes / No — Expiry date if yes

Signature	Date

Sponsored by" VIKINGS