

# ARCHERY GUYANA

## JUNIOR ASSOCIATE MEMBERSHIP APPLICATION FORM

PLEASE PRINT OR USE BLOCK LETTERS



<b>Sex</b> Male..... Female.....	<b>Applicant</b> First Name      Other Names      Last Name  Ms Mas .....		
<b>Mother's Name</b> First      Middle      Last Name  Ms Mrs .....			
<b>Father's Name</b> First      Middle      Last Name  Mr. .....			
<p>"We are the parents of the Junior Associate Member Applicant hereby give unconditional consent for our child to be a member of Archery Guyana Inc. and participate in Archery Guyana's events accompanied by any of the two identified members named herein. We further consent to them undertaking all responsibility for our child in our absence."</p> <p><b>Signature: Mother</b>.....      <b>Father</b>.....</p>			
<b>Date of Birth of Applicant</b> ..... / ..... / ..... Day / Month / Year	<b>Residential Address</b> ..... ..... Country.....		
<b>School / Institution</b> ..... <b>School Address</b> .....			
<b>Course of Study</b> .....			
<b>Mobile Telephone</b> .....		<b>Home Telephone</b> .....	
<b>Parent's Home Telephone</b> .....		<b>Email Address</b> .....	
Briefly state the reason(s) you are applying for membership to Archery Guyana.			
If an emergency arises please indicate a person to contact and their details.			
Do you have any health conditions? If Yes, please list.			

**Applications not signed or received without the following articles will not be processed.**

- Kindly verify each article is included by placing your INITIALS in the box provided.

- Copy of applicant's birth certificate
- Copy of parent's ID (National ID card/Passport)
- Recent passport sized photograph of applicant
- \$10,000, Application fee (Non-refundable)

<b>Full Archery Guyana Members Recommending Applicant</b> (Required number 2)	
Member Name .....	Signature .....
Member Name .....	Signature .....

<b>OFFICIAL USE ONLY</b>	
Form Verified By: _____	Photo ID Attached: _____
Received Fees: _____	Date received: _____

**Consent**

I/We the parent(s) of the Junior Associate Member Applicant hereby unconditionally consent to my/our child application for membership to Archery Guyana Inc. I/We further consent to my/our child's participation in Archery Guyana's events and accept and fully undertake all responsibility for my/our child's care and conduct before, during and after any of Archery Guyana's activities/events.

Signature .....

Signature .....

Print Name(s): \_\_\_\_\_ / \_\_\_\_\_

Date: \_\_\_\_\_  
Day / Month / Year