

ARCHERY GUYANA

JUNIOR MEMBERSHIP APPLICATION FORM



PLEASE PRINT OR USE BLOCK LETTERS

Sex Male..... Female.....	Applicant First Name Other Names Last Name			
	Ms Mas 			
Mother's Name		First	Middle	Last Name
		Ms Mrs 		
Father's Name		First	Middle	Last Name
		Mr. 		
<p>"We are the parents of the Junior 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>				
Signature: Mother		Father		
Date of Birth of Applicant / / Day / Month / Year	Residential Address Country.....			
School/Institution		School Address		
Course of Study		
Mobile Telephone		Home Telephone		
Parent's Home Telephone		Email Address		
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)

OFFICIAL USE ONLY	
Form Verified By: _____	Photo ID Attached: _____
Received Fees: _____	Date received: _____

Consent

I hereby unconditionally consent to abiding by all the Rules, regulations and Constitution of Archery Guyana Inc. I further agree to participate in Archery Guyana's events and accept and fully undertake all responsibility for my own care and conduct before, during and after any of Archery Guyana's activities/events.

Signature

Print Name(s): _____ / _____

Date: _____
Day / Month / Year