



## Trinidad and Tobago Target Archery Federation

# Individual Membership Application Form

### NOTE

The completed membership application form must be submitted to the Secretary General and must be accompanied by your non-refundable membership fee (\$200). The application would

be laid before the Executive at their next scheduled meeting. You will be informed of the executive's decision within 14 days.

Membership fees are due and payable January of each year.

### Personal Information

NAME		Surname		First name		Other			
TITLE		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH (dd/mm/yyyy)		EMAIL			
ADDRESS						TEL Cell		Home	

### Archery History

ACTIVE ARCHER (i.e. shot in last year) <input type="checkbox"/> Yes <input type="checkbox"/> No		PLEASE STATE CLUB (present/former)							
NUMBER OF ACTIVE YEARS		BOW TYPE <input type="checkbox"/> Compound <input type="checkbox"/> Recurve			EXPERIENCE LEVEL (Former/Present) <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced				
ARE YOU A CERTIFIED COACH? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES PLEASE STATE QUALIFICATIONS							

### Volunteering

WOULD YOU LIKE TO VOLUNTEER? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES PLEASE SELECT APPLICABLE AREAS (multiple can be selected) <input type="checkbox"/> Media Team <input type="checkbox"/> Field Crew <input type="checkbox"/> Press Team <input type="checkbox"/> Tournament Management <input type="checkbox"/> Judging <input type="checkbox"/> General Assistance							
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### Recommendations - From two (2) current members

NAME		Surname		First name		Other	
COMMENTS						SIGNATURE	
NAME		Surname		First name		Other	
COMMENTS						SIGNATURE	

### Reason(s) for requesting membership

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I hereby declare that the information given is accurate and that I have completed the form to the best of my ability

NAME (in block)		SIGNATURE		DATE	
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For applicants below eighteen (18) years

PARENT/GUARDIAN'S NAME (in block)		SIGNATURE		DATE	
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### OFFICIAL USE ONLY

APPLICATION RECEIVED - DATE		APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No		SIGNATURE (General Secretary)	
OBJECTIONS RAISED <input type="checkbox"/> Yes <input type="checkbox"/> No		STATE			
OBJECTIONS RESOLVED <input type="checkbox"/> Yes <input type="checkbox"/> No		PROBATION ENDED <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE	
SIGNATURE (General Secretary)					
NOTES					