

ARCHERY GUYANA

Junior Associate Membership Application Form



PLEASE PRINT OR USE BLOCK LETTERS

Sex Male..... Female.....	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">Applicant</td> <td style="width: 33%;"></td> </tr> <tr> <td style="text-align: center;">First Name</td> <td style="text-align: center;">Other Names</td> <td style="text-align: center;">Last Name</td> </tr> <tr> <td colspan="3" style="padding-top: 5px;"> Ms Mas</td> </tr> </table>		Applicant		First Name	Other Names	Last Name	Ms Mas		
	Applicant									
First Name	Other Names	Last Name								
Ms Mas										
Mother's Name	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">First</td> <td style="width: 33%; text-align: center;">Middle</td> <td style="width: 33%; text-align: center;">Last Name</td> </tr> <tr> <td colspan="3" style="padding-top: 5px;"> Ms Mrs</td> </tr> </table>	First	Middle	Last Name	Ms Mrs					
First	Middle	Last Name								
Ms Mrs										
Father's Name	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">First</td> <td style="width: 33%; text-align: center;">Middle</td> <td style="width: 33%; text-align: center;">Last Name</td> </tr> <tr> <td colspan="3" style="padding-top: 5px;"> Mr.</td> </tr> </table>	First	Middle	Last Name	Mr.					
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> 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)

Full Archery Guyana Members Recommending Applicant (Required number 2)

Member Name Signature

Member Name Signature

OFFICIAL USE ONLY

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