

**Barbados  
Archery Association**



## ***The Barbados Archery Association***

P. O Box 391G

St. George, Barbados.

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President: Mr. John Annel    Secretary: Mrs. Judith Magras

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### **APPLICATION FOR MEMBERSHIP**

**Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Type of Membership:**    **Full**                      **Junior** \_\_\_\_\_

I understand that I will be under a 3 month probationary period until I am accepted as a Member. The fees for this period will be \$75.00 and is non-refundable. Upon successful completion of this probation I agree to pay the Association the remainder of the membership fee of \$275.00 per year (pro rated to reflect the financial year)

Upon being accepted as a member of The Barbados Archery Association, I undertake to observe and uphold the constitution of the Association, and all laws, by-laws, regulations and disciplinary actions instituted by the Association.

I acknowledge that The Barbados Archery Association accepts no responsibility for any liability, damage or loss caused or incurred by any member during any of the Association's events.

In consideration of my acceptance as a member of The Barbados Archery Association I agree to hold the said Association, members and official representatives thereof, harmless and fully indemnified against all actions, proceedings, claims, demands, costs and expenses arising out of my participation in any Association activity.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian :** \_\_\_\_\_  
(if applicant is under 18 years old)

\_\_\_\_\_  
For Association use:

**Date Application Received:** \_\_\_\_\_ **Dues Received:** \_\_\_\_\_

**Date Approved by Committee for Interim Membership:** \_\_\_\_\_

**Date of Revue/ Full Membership:** \_\_\_\_\_ **Dues Received:** \_\_\_\_\_