



Club Membership Application

- Provides Nova Scotia Archery Clubs and Associations membership to **Archery Nova Scotia** and Archery Canada for the calendar year and includes \$5,000,000 Liability Insurance.

For automatic payment and renewal please enclose a VOID cheque or Pre-authorized Debit form (provided by your financial institution) with this application and forward to **Archery Nova Scotia**, c/o Sport Nova Scotia, 5516 Spring Garden Road, 4th Floor, Halifax, Nova Scotia, B3J 1G6. Inquiries: 902-425-5450 ext. 371 | www.archeryns.ca

Club/Association Registration Fee: \$110

Club Name: _____

Address: _____
Street/Civic

_____, NS _____
City/Town Postal Code

Club GPS Coordinates: Latitude: _____ Longitude: _____

Club Contact Name: _____ ANS # _____
First Name Middle Initial(s) Last Name

Position: _____ Contact Number: (_____) _____

Email Address: _____

Archery Nova Scotia uses E-mail as its primary form of correspondence due to the speed, convenience, and cost effectiveness for distribution of information. By providing your E-mail address you agree to receive E-mail correspondence from the Community to communicate to your Club Members or respond to as appropriate.

List all current Club Judges, Range Safety Officers (RSOs), NCCP Coaches:
 (Minimum two required)

ANS #	First Name	Middle Initial(s)	Last Name	Judge	RSO	Coach
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*** Please ensure RSO's complete the online assessment annually to activate Certificate of Insurance at www.archerycanada.ca/en/judging/range-safety-officers

Signature: _____ Date: _____

Name: _____

OFFICE USE Date /Payment Received _____ \$ _____ (Chq / Cash / Other)