



Membership Application

- Provides Nova Scotia Residents 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

Have you been a member of Archery Nova Scotia (previously registered as Archers Association of Nova Scotia):

NO
 YES ANS # _____
 Unknown

Membership: \$30 / Youth \$40 / Adult \$90 / Family
 Under Age 21 Age 21 and older (Max two adults per household)

Primary Member Name: _____
First Name Middle Initial(s) Last Name

Address: _____, NS _____
Mailing Address City/Town Postal Code

_____ **Gender** _____ **OPTIONAL** Physical Disability (PD) First Nations (FN)
Date of Birth (YYYY/MM/DD) Male / Female

Contact Phone Number: (_____) _____ **Club Name:** _____

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 Archery Nova Scotia unless option declined below and can be changed at any time with written notice.

Family Members To Include With Application (same household)						
First Name	Middle Initial(s)	Last Name	Date of Birth (YYYY/MM/DD)	Gender (M / F)	ANS #	OPTIONAL PD / FN
_____	_____	_____	_____	_____	_____	<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"/>

TOTAL FEES ENCLOSED \$ _____

- I am interested in volunteer opportunities within Archery Nova Scotia
 I am interested in mentorship / coaching / training and other program opportunities
 I am interested in the High Performance Program

Preferred method of contact: E-mail Mail Phone

I do not wish to receive correspondence via E-mail from Archery Nova Scotia

Signature (Parent/Guardian if under age 19): _____ **Date:** _____

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