



# 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.

Please make cheques out to Archery Nova Scotia and mail/drop off to Archery Nova Scotia, c/o Sport Nova Scotia, 5516 Spring Garden Rd., 4th Floor, Halifax, Nova Scotia, B3J 1G6. Inquiries: 902-425-5450 ext. 371 | www.archeryns.ca

## Membership Type:

If you have been a member of Archery Nova Scotia in the past, please include your ANS Number below:

ANS Number: \_\_\_\_\_

Membership Type:

\$30 / Youth  
Under the age of 21

\$40 / Adult  
Age 21 and older

\$90 / Family  
Max two adults per family membership

## Member Information:

Primary Member Name (First & Last): \_\_\_\_\_

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

City/Town: \_\_\_\_\_, NS      Postal Code: \_\_\_\_\_

Date of Birth: YYYY MM DD      Gender: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_      Affiliated Club: \_\_\_\_\_ (Optional)

Optional: Do you identify as indigenous? (First Nations, Inuit or Metis): \_\_\_\_\_ (Optional)

Family Members to Include with Family Membership (if applicable)				
First Name	Last Name	Date of Birth	Gender	ANS#

**Total Fees Enclosed: \$** \_\_\_\_\_

Preferred Method of Contact:

Email

Phone

Mail

I do not wish to receive correspondence from Archery NS

I do not wish to receive correspondence from Archery Canada

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## Additional Information:

Within each applicable discipline listed below, please select your preferred equipment division and (if applicable) competition age group

Discipline	Equipment Division / Competition Age Group
<input type="checkbox"/> Target	_____
<input type="checkbox"/> Field	_____
<input type="checkbox"/> 3D	_____
<input type="checkbox"/> Para	_____
<input type="checkbox"/> Non-Shooter	_____

Do you Bowhunt? \_\_\_\_\_

Level of Participation:

Recreational

Club

Competitive

What is the highest level of competition in which you have participated in the last 3 years? \_\_\_\_\_

I am interested in volunteer opportunities within Archery Nova Scotia

I am interested in mentorship / coaching / training and other program opportunities

### Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Contact Relationship: \_\_\_\_\_

*The following checkbox acknowledgements are mandatory for membership*

I agree to the use or disclose, without payment of any fee, charge, or compensation of any kind (including royalties) any and all non-focused, background or otherwise unidentifiable photographs, video or other visual media (the Images) of the Participant taken by Archery Canada, my PTSO Archery Association, and/or the applicable registered club for promotional purposes. Agreement to waive any right to approve such use and waive all moral rights I have in such Images in perpetuity. \*

I understand that I may withdraw such consent for 'Use of Personal Image' at any time by contacting the Provincial Association or, Archery Canada.

Proof of vaccination will be required to use shooting facilities or to participate in events

I understand the club/event representative may ask me to present proof of vaccination prior to entering their facilities/events.

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