

Date Received:

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## Traditional Archery Australia Inc. National and State Muster TAA Club Nomination Form

| Club Name:  |         |               |                          |
|---|---------|---------------|--------------------------|
| Nominating for (circle): National                     | State   | Both          | Date:                    |
| Club Contact:   |         |               |                          |
| Position held at club:                                |         | (Full Name)   |                          |
| TAA Member Number                                     | _Email: |               |                          |
| Postal Address:  Outline the club's ability to host a |         |               |                          |
|   |         |               | <u> </u>                 |
|   |         |               |                          |
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|   |         |               |                          |
|   |         |               |                          |
|   |         |               |                          |
|   |         |               |                          |
| Post completed form to: PO Box                        | 027 Mar | ovfield OLD 4 | 506 or scan and amail to |

the TAA National Secretary email: secretarytaa@traditionalarcheryaustralia.org