TRADITIONAL ARCHERY ASSOCIATION OF TAMILNADU

TRADITIONAL ARCHER ANNUAL MEMBERSHIP FORM 2026-2027

PASTE PASSPORT SIZE PHOTO (3.5 cm x 4.5 cm)

Affiliated to: Traditional Archery Association of India

Head Office: 10/34, Subramaniyar Swamy Kovil Street, Vanavasi Post, Mettur Taluk, Salem District, Tamil Nadu, Pin Code: 636 457

Mobile: 9578144143 | **Website:** tamilnadutraditionalarchery.org | **Email ID:** tamilnadutraditionalarchery.com

MEMBERSHIP ID (Office Use) _____ **DATE OF APPLICATION:** DD / MM / YYYY

1. PERSONAL INFORMATION (To be filled in Capital Letters)

Full Name : .....

Father / Guardian Name : .....

Date of Birth : DD | MM | YYYY **Age** : _____ **Gender** : ☐ Male ☐ Female ☐ Other

School / Institution / College : .....

Mobile Number : ..... **Email ID** : .....

Bow Category : ..... **Age Category** : .....

2. ADDRESS INFORMATION

Address : .....

.....

Taluk : ..... **District** : .....

Pin Code : .....

3. ARCHERY & ASSOCIATION DETAILS

Name of the District Association : .....

Name of the Coach : .....

Coach Contact Number : ..... **Coach Email ID** : .....

4. EMERGENCY CONTACT DETAILS

Contact Person Name : ..... **Relationship** : .....

Contact Number : .....

5. MEDICAL & SAFETY INFORMATION

Do you have any medical condition / allergy / injury that we should be aware of? ☐ Yes ☐ No

If Yes, Please specify: .....

I confirm that I am physically fit and capable of participating in archery activities.

DECLARATION

I hereby apply for annual membership as a Traditional Archer and declare that the information provided in this application is true and correct to the best of my knowledge. I agree to abide by the rules, regulations, and code of conduct of Traditional Archer Association of TamilNadu. I understand that archery is a sport that involves risk of injury. I agree to follow all safety rules and instructions given by the officials and will not hold the Association responsible for any injury or accident that may occur. I also consent to the use of my personal information for association and membership related activities.

PARENT / GUARDIAN SIGNATURE (For Minor)	TRADITIONAL ARCHER SIGNATURE	COACH SIGNATURE	DISTRICT GENERAL SECRETARY SIGNATURE & SEAL

FEES DETAILS

ANNUAL MEMBERSHIP FEES ₹ 1500

Mode of Payment: ☐ Cash ☐ Online Transfer ☐ DD / Cheque

ACCOUNT DETAILS

Account Name : TRADITIONAL ARCHERY ASSOCIATION OF TAMILNADU

Account Number : 25810200001934

IFSC CODE : FDRL0002581

Bank : Federal Bank

SCAN & PAY

taat21qr@fbl
TRADITIONAL ARCHERY ASSOCIATION OF TAMILNADU

FOR OFFICE USE ONLY

Traditional Archery Register Number : _____

Date of Approval : DD / MM / YYYY

Approval Yes ☐ No ☐

Membership Validity 2026-2027

Receipt No. : _____

Amount Received : _____

Authorized Signatory (Name & Seal) : _____

OFFICIAL SEAL

LET US PRESERVE OUR TRADITION. LET US AIM FOR EXCELLENCE.

FOLLOW US