



# TRADITIONAL ARCHERY ASSOCIATION OF TAMILNADU

## Traditional Archery Judge Membership Form

Name:

Father Name / Guardian:

Date of Birth:

Blood Group:

Traditional Archery joined Date:

Postal Address:

City:

State:

Country:

Mobile Number:

E-mail Address:

Postal Code / Zip Code:

Equipment Types:

Equipment Details:

Signature of the Traditional Archer:

Government Id Member:

Passport Number:

**PAYMENT DETAILS:**

Traditional Archery Judge Membership Fee-(RS:1500)

One year Validity Payment No Refundable

☐ I agree that the above details are true and I agree to abide by all rules and regulation of the Traditional Archery Association of Tamilnadu

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Parent Signature / Guardian Signature

Traditional Archery Judge Signature

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School Principal Signature/College Principal Signature/ District Association Signature

With Address / Seal

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Coach Signature

With Address / Seal

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**Office Use Only for Traditional Archery Association of Tamilnadu**

Tamilnadu Traditional Archery Judge Id Member:\_\_\_\_\_

Tamilnadu Traditional Archery Administrative Officer Signature:\_\_\_\_\_

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