



TRADITIONAL ARCHERY ASSOCIATION OF TAMILNADU

Traditional Archer 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 Archer Membership Fee-(RS: 1500)

One year Validity Payment No Refundable

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

Parent Signature / Guardian Signature

Traditional Archer Signature

School Principal Signature/College Principal Signature/ District Association Signature

With Address / Seal

Coach Signature


With Address / Seal

Office Use Only for Traditional Archery Association of Tamilnadu

Tamilnadu Traditional Archery Id

Member:_____

Tamilnadu Traditional Archery Administrative Officer Signature:

 Email ID: tamilnadutraditionalarchery@gmail.com /  Website: tamilnadutraditionalarchery.org

Mobile /  +919578144143