



Membership Application Form

Please complete your details (in CAPITALS) below:

Name: _____

Address: _____

 _____ Post Code: _____

Telephone: _____

Mobile: _____

E-Mail: _____
 _____ Date of Birth: _____

(under 18's only) Parent Guardian Details

Parent/Guardian Name: _____

Parent/Guardian Address: _____

 _____ Post Code: _____

Parent/Guardian Landline: _____

Communication: Mobile: _____

E-mail: _____

Known Medical Conditions that may impede archer's safety : _____

This information is required for safety, insurance & liability purposes. It will be stored securely and will remain confidential. Only relevant details will be divulged to specific club officials to allow them to carry out their appointed duties. E.g. Club Coaches.

18yrs old and Over, Only:

To celebrate achievements, promote the club and archery in general we sometimes use photos of our archers online or in print. In line with current Data Protection Regulations, we require your permission specifically for this. Please tick the box relevant to your wishes and sign.

(For Junior members - under 18's - a separate and more comprehensive permissions form is required)

I do consent to the use of photographs as described

I do not consent to use of photographs as described

Signature: _____

ArcheryGB (or GNAS), Cambs Archery Assn and Southern Counties Archery Society: Data Protection & Payment

If you are already an Archery GB member, Membership Number:

If you are not already an Archery GB member, please enclose appropriate annual fee.

Please complete & submit direct to your bank, the Direct Debit form for monthly club membership fee

I understand that data I have provided is securely stored and agree to it being be shared with appropriate club officers & county, regional and national archery organisations for the purposes of processing fees & recording details related to my membership of Parkside Archers.

Signature _____

Date _____