## **Blue Arrows Archery Club**

## **Membership Application Form**



Surname:	Forename(s):
Title:	
Address:	Home Phone:
	Mobile:
Town:	Email:
Postcode:	Date of Birth:
Class of membership applied for: Senior Junior (under 18) Disabled Family	
Are you currently an Archery GB member	r? No Yes If yes, give membership no:
<b>Emergency Contact Details:</b>	Name:
Relationship:	Telephone no:
Please give details of any medical conditi	ons or other information the Club should be aware of:
How will you pay?	g order Yearly payment
I apply to become a member of the Blue Ar of the Southern Counties Archery Society a	rows Archery Club, which will also make me an affiliate member nd the Essex County Archery Association.
	Club at general meeting and also agree to pay an annual collected by the club and sent to Archery GB on your behalf.
I agree to be bound by the rules of Archery Blue Arrows Archery Club.	GB and its organisations and the rules and constitution of the
(please delete as appropriat Club events for publicity purposes including	e) consent for the Club to use photographic images taken at g publication on the Club's website.
-	eration of the Club it will be necessary for the Club to maintain consent to this information being held by the Club, subject to
Signed:	(Applicant) Date:
For parents or guardians of Junior Membe	
_	Blue Arrows Archery Club and myself and agree to be bound by y consent for my child to become a member of Blue Arrows ve.
Signed:	(Parent or Guardian) Date: