

Application for Membership of Cheltenham Archers

First Name(s) _____ Mr/Mrs/Miss/Ms _____

Surname _____

Address _____

Postcode _____

Telephone _____ Mobile _____

Email Address _____

Age *Please tick box*

Under 18 18-20 20-29 30-39 40-49 50-59 60+

Date of Birth if under 18 Day _____ Month _____ Year _____

Type of Membership Required *Please tick box*

Senior Junior Non-shooting

Name of Previous Club *If applicable* _____ GNAS Number _____

Club at which Beginners Course completed _____ Date _____

Do you have a Disability?

Yes No If yes, please give details - eg visual, physical, learning, multiple

Ethnic Origin *Please Tick*

White Black African Black Caribbean Black - Other

Indian Pakistani Bangladeshi Chinese Asian - Other

Other Ethnic Minority

I wish to apply for membership of Cheltenham Archers and agree to abide by the terms and conditions of its Constitution, Rules and Regulations.

Applicant's Signature _____ Date _____

Signature of Parent/Legal Guardian if applicant is a Junior _____ Date _____

Name of Parent/Legal Guardian _____

In some instances concessionary membership terms are available. Please contact Club Secretary for details. Completed form to be sent to the Club Secretary at the address overleaf.

Below is for Club use only _____

Fees Due: Safety criteria met? Yes No If no - refer to Club Executive

Joining Fee £ _____ Date of Joining _____

Club Fee £ _____ Date copies of Constitution & Rules sent _____

GNAS Affiliation £ _____

Total £ _____

Date Fees Received _____ Date Temporary GNAS Card Issued _____ Membership Number _____