

Southampton Archery Club

ASSOCIATE MEMBERSHIP APPLICATION FORM



PLEASE WRITE CLEARLY IN BLOCK CAPITALS

Title: Forename: Surna	me:
Address: Date of	of birth://
Sex at	t birth: Male / Female
Gende	er Identity:
Tel/Mo	obile:
Postcode: Email Address:	
Emergency Contact Name & Number:	
Are you already a member of another archery club affiliated to	-
Club Name:	GNAS Number:
I, the undersigned, wish to apply to become a member of Southand agree to abide at all times by the Codes of Conduct and Rules of well as those of Hampshire Archery Association, Southern Count which Southampton Archery Club is affiliated. I also agree to make with tournament setup and repair & maintenance of club equipments.	f Southampton Archery Club Limited, as ies Archery Society and Archery GB, to ke myself available when asked to help
Signature:	Date:

SOUTHAMPTON ARCHERY CLUB USE ONLY	
Payment of £ cash / cheque / card / transfer received by	
Senior (£120/£90/£60/£30), Junior (£60/£45/£30/£15), Associate (£120/£90/£60/£30), Social (£60/£45/£30/£15)	