

Southampton Archery Club

ASSOCIATE MEMBERSHIP APPLICATION FORM



PLEASE WRITE CLEARLY IN BLOCK CAPITALS

Title:	Forename:		Surname:	
Address:			Date of birth:	//
			Sex at birth:	Male / Female
			Gender Identity:	
			Tel/Mobile:	
Postcode	:: E	mail Address:		
Emergen	cy Contact Name &	& Number:		
Would you	ı like to receive new	s from Archery GB inclu	ding their quarterly	magazine ?
☐ Archery	☐ Archery GB Magazine ☐ Archery GB Email Newsletter ☐ Third Party Communication			
Archery GB	will keep your details sa	afe, you can unsubscribe or c	hange your preference	s at agb.sport80.com
Are you a	member of another	archery club affiliated to	Archery GB ?	
Club Name:		County:	GNAS Nu	mber:
all times b Archery A Club is aff repair & m	by the Codes of Condu Association, Southern Filiated. I also agree to Deaintenance of club eq	uct and Rules of Southamp Counties Archery Society of make myself available who juipment, on a reasonable b	ton Archery Club, as and Archery GB, to w en asked to help with pasis.	Club and agree to abide at well as those of Hampshire hich Southampton Archery tournament setup and with
Signatur	·e:			Date:

SOUTHAMPTON ARCHERY CLUB USE ONLY				
Payment of £ cash / cheque / card / transfer received by				
Senior (£160/£120/£80/£40), Concession (£120/£80/£60/£20), Junior (£80/£60/£40/£20), Associate (£120/£90/£60/£30), Social (£60/£45/£30/£15)				