

## **Southampton Archery Club**

## **MEMBERSHIP APPLICATION FORM**



PLEASE WRITE CLEARLY IN BLOCK CAPITALS

Category: Senior / Concession / Social
Title: Forename: Surname:
Address: Date of birth:/
Sex at birth: Male / Female
Gender Identity:
Postcode: Email Address:
Emergency Contact Name & Number:
Would you like to receive news from Archery GB including their quarterly magazine ?  ☐ Archery GB Magazine ☐ Archery GB Email Newsletter ☐ Third Party Communication  Archery GB will keep your details safe, you can unsubscribe or change your preferences at agb.sport80.com
Are you a member of another archery club affiliated to Archery GB ?  Club Name:
I, the undersigned, wish to apply to become a member of Southampton Archery Club Limited (the Company) and agree to be bound by the provisions of the Company's Memorandum and Articles of Association. In particular, I agree to guarantee the debts of the Company up to a maximum amount of £1 if the Company is wound up while I am a member, and for a period of 12 months after my membership ends.
I agree further that my membership of the Company will automatically terminate when I cease to be a member of Southampton Archery Club that is run by the Company; provided that there is at least one other member of the Company at that time.
I understand and agree to abide at all times by the Codes of Conduct and Rules of Southampton Archery Club, as well as those of Hampshire Archery Association, Southern Counties Archery Society and Archery GB, to which Southampton Archery Club is affiliated. I also agree to make myself available when asked to help with tournament setup and with repair & maintenance of club equipment, on a reasonable basis.
Signature: Date:
SOUTHAMPTON ARCHERY CLUB USE ONLY
As per the Company's Memorandum and Articles of Association, I, James Wilson / Symon Davis / Sarah Whatton, a Director of Southampton Archery Club Limited, agree (on the resolution of the Board of Directors of the Company) to accept the membership application to the Company for the above named individual.
Signature: Date: / /
Payment of £ cash / cheque / card / transfer received by