



Bebington Archers

G.N.A.S. Affiliated

Est. 1968

APPLICATION FOR MEMBERSHIP

NAME AND TITLE: _____

ADDRESS: _____

POST CODE: _____

TELEPHONE: _____

E-Mail Address: _____

DATE OF BIRTH: _____

Name of Previous Archery Club (if applicable): _____

Please list any medical conditions overleaf that you think may be relevant, e.g. nut allergies, etc.

I wish to apply for membership of BEBINGTON ARCHERS and agree to abide by the rules, regulations and customs of the club as well as those of the G.N.A.S., if accepted. The club constitution is available on www.bebington-archers.co.uk and the G.N.A.S. Rules of Shooting are available at www.gnas.org. I understand that my name and address will be kept on computer files solely for the purposes of communication within the club. Any computer records will not be made available to any other organisations and will be treated in the strictest confidence. The exception to this is G.N.A.S. where we must provide your name and address (Date of birth too for Juniors) for the purposes of membership registration.

Signed (Applicant): _____

Date: _____

Signature of parent or guardian required below if the applicant is a junior under 18 years of age:

Emergency Contact Number: _____

Signed (Parent): _____

Date: _____

I will be paying my club membership subscription by the following method :

One Single payment / Initial cheque then Multiple agreed Standing Orders / Quarterly Cheques

(Circle chosen method and delete method not being used)

INTERNAL CLUB USE ONLY

Proposed By: _____

Seconded By: _____

Return completed form to :- Martin Heelis, 84 Harrowby Road, Tranmere, Wirral, CH42 7HX.