



Fleet Ibez Field Archery Club

Membership Application Form

New Application or Renewal (Please click one box)

1. Applicant's Name(s)

No	Surname	First Name	Age (if 15 or under)
1			
2			
3			
4			
5			

2. Contact Details [Details for applicant no.1 above will be used as the primary contact for all on this form]

Address: Line 1		Phone: (Land Line)	
Line 2		(Mobile)	
Town		Email Address: _____ (See Note 7 on reverse of this form)	
County			
Post Code			

3. Archery Experience

For new applicants, please briefly describe your archery experience including full membership of other clubs (past or present). See Note 6 on reverse of this form.

4. Club Help Offered

For All Applicants, please indicate how you might be willing to help the club. See Note 10 on the reverse of this form. Tick any boxes that are appropriate.

	a) Course setting	<input type="checkbox"/>
	b) Course Maintenance	<input type="checkbox"/>
	c) Building Maintenance	<input type="checkbox"/>
	d) Shoot administration & scores	<input type="checkbox"/>
	e) Catering	<input type="checkbox"/>

Signed: _____

Date: _____

Please complete, sign & date this form and return it to the Membership Secretary with the appropriate membership fees.

See Note 11 on the reverse of this form

For current fees and method of payment see Notes 1 to 5 on reverse of this form.

Paul Harding
50 Kenilworth Road
Fleet
Hampshire GU51 3AX

Email: pnharding@gmail.com
Mobile: 07584 098476

For office use only:

Membership application approved: Yes / No

Effective start date: _____

Signed: _____

Membership fee received: Yes / No

Amount received: £ _____

Membership No(s): _____

(Membership Secretary)

Membership Application Form

Notes:

1. The current individual membership fees are £30 per annum for each adult, £10 per annum for each Junior (12 – 15 years of age) with Cubs (under 12 years of age) free of charge.
2. Family membership is available at £60 per annum for up to two adults and their children up to the age of 15 years.
3. Annual subscriptions are valid from the 1st April to the 31st March of the following year. Members joining during the year pay fees reduced pro-rata. Contact the Membership Secretary for details.
4. Please cheques payable to “Fleet Ibex Field Archery Club”
5. Those wishing to pay by direct bank transfer, the details are:- Account Name: “Fleet Ibex Field Archery Club”, Account No: 15282760, Sort Code: 77-25-15. If doing so, please include a reference in your transfer that includes your name and / or membership number and the word “Membership”. This form should still be submitted to the Membership Secretary by post or Email.
6. It is a requirement that all new members of Fleet Ibex Field Archery Club are certified by either a member of the committee or a qualified NFAS coach as being competent to shoot safely. Full membership of a recognised club (such as the NFAS) is an acceptable alternative.
7. It is intended that where Email addresses are provided, they shall be used as the primary means of communication. Club news, notices, membership renewal information and the AGM notice will be sent to the Email address provided. If no Email address is provided, membership renewal information and the AGM notice (only) will be sent by post.
8. Fleet Ibex Field Archery Club will process membership information in accordance with the 1998 Data Protection Act. The information you provide will be used to maintain our membership records and administer the club activities where membership information is required. Individual member’s details will not be shared with other organisations and data will not be sent outside the UK.
9. For any queries, contact the Membership Secretary.
10. There is a lot of work involved in keeping our club afloat. If you are willing to help we would be most grateful if you could tick the appropriate box(es). This does not commit you in any way – it merely allows us to target appeals for help to those willing to help. In the case of multiple members being included on this form, the first named will be included in any help lists. If you feel you are unable to help, leave the boxes blank.
11. The primary contact should sign and date this form. If the form is completed and submitted electronically, typing your name will suffice as a signature.