

<b>Personal</b>				
Title & Full Name	_____			
Address	_____			
Postcode	_____			
Phone	_____	Mobile	_____	
E-mail	_____			
	Senior (24+)	Junior (10-17)	Young Adult (18-23)	Disabled King's
Date of Birth (required)	_____			

<b>Medical</b>
Please provide details of any known medical conditions that may affect you during the course of an archery session, and your preferred course of action.

<b>Privacy Policy</b>
Please read our members privacy policy - <a href="https://www.elyarchers.org.uk/privacy-policy/">https://www.elyarchers.org.uk/privacy-policy/</a>
I have read and understood the privacy policy as it pertains to retention and use of my personal data (required).
Contact me via email for club communications (newsletters, general club emails, shoot cancellations etc.)
Collect & record my scores in our archery scoring system and publish online (without this we can't issue badges, certificates)
As your membership fees include joining Archery GB. Please indicate how you want to be contacted by Archery GB below:
<input type="checkbox"/> Free Printed Magazine <input type="checkbox"/> Email newsletter <input type="checkbox"/> Membership benefits/offers by email
You can change your preferences at any time on the Archery GB website. Please see the Archery GB section of the privacy policy for more details - <a href="https://www.elyarchers.org.uk/privacy-policy/#agb">https://www.elyarchers.org.uk/privacy-policy/#agb</a>

<b>Agreement</b>
I apply to become a member of the Ely Archers understanding I will become an affiliate member of Archery GB (AGB), the Southern Counties Archery Association (SCAS) and Cambridgeshire Archery Association(CAA).
I agree to be bound by the rules of Archery GB and its organizations, and the rules and constitution of Ely Archers. I agree to pay subscriptions to the club and its affiliates. I consent for the club to keep these details on record and will inform them of any changes.
Signed _____ (applicant)      Date _____

<b>Parents of Junior Members</b>
I give my consent for my child to become a member of Ely Archers and understand they can only shoot when I/we are present and I/we will remain responsible for them at all times. I/we am/are already members of the club.
My/Our Archery GB membership number(s) is/are:
Signed _____ (parents/guardians)      Date _____

For membership fees see separate sheet or visit <https://www.elyarchers.org.uk/membership-fees/>  
**Cheques:** Payable to "Ely Archers". **PayPal:** (please add 3.4%+20p) and make payment to [pay@elyarchers.org.uk](mailto:pay@elyarchers.org.uk)  
**BACS:** Sort Code: 40-20-38 Account No.: 41316427 Reference: Please put your name as the reference  
 Completed a digital copy of this form? Please email it to: [join@elyarchers.org.uk](mailto:join@elyarchers.org.uk) - Queries? please e-mail [info@elyarchers.org.uk](mailto:info@elyarchers.org.uk).

<b>For Office Use Only</b>			Form version: v1.1 - March 2018
Membership accepted			Date
Payment received			Date
Archery GB No.			Cheque [ ] BACS [ ] PayPal (3.4%+20p) [ ]