

Personal

Title & Full Name _____

Address _____

Postcode _____

Phone _____ Mobile _____

E-mail _____

Gender Senior (24+) Junior (10-17) Young Adult (18-23) Disabled King's
 Male Female

Date of Birth (required) _____

Medical

Provide details of any known medical conditions that may affect you during an archery session, & your preferred course of action.

Privacy Policy

Please read our members privacy policy - <https://www.elyarchers.org.uk/privacy-policy/>

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:

Free Printed Magazine Email newsletter 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 - <https://www.elyarchers.org.uk/privacy-policy/#agb>

Agreement

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 & its organizations, the rules & constitution of Ely Archers. I agree to pay my non-refundable membership fees to the club & its affiliates. I consent for the club to keep my details on record & will inform them of any changes.

Signed _____ (applicant) Date _____

Parents of Junior Members

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 _____

Payment For membership fees see separate sheet or visit <https://www.elyarchers.org.uk/membership-prices/>

Cheque: Payable to "Ely Archers". Please bring the cheque to your next shooting session.

PayPal: (please add 3.4%+20p) and make payment to 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 - Queries? please e-mail info@elyarchers.org.uk.

For Office Use Only

Membership accepted Date _____ Archery GB No. _____ Payment received Date _____