



APPLICATION FOR MEMBERSHIP

Applicant Information

Full Name: _____ Title: Mr / Mrs / Miss / Ms
Last First M.I. Please circle as appropriate.

Address: _____

City County Post Code

Telephone Numbers (please provide at least one contact telephone number):

Home: _____ Mobile: _____

Email Address: _____ Date of Birth: _____
Day / Month / Year

Previous Archery Experience

ArcheryGB (GNAS) No.: _____

Previous Archery Experience & Clubs Attended: _____

Have you attended a Whiteleaf Bowmen Beginners Course?: _____
If yes, please provide the date of course attended

Are you a Qualified ArcheryGB Coach?: _____
Please provide details incl. date coaching certification achieved.

Data Privacy & Communications

When you become a member of or renew your membership with Whiteleaf Bowmen you will automatically be registered as a member of ArcheryGB, Southern Counties Archery and Bucks Archery Association. We will provide them with your personal data which they will use to enroll you as a member. ArcheryGB will also enable you to access an online portal (<https://agb.sport80.com>) which, amongst other things, allows you to set and amend your privacy settings. If you have any questions about the continuing privacy of your personal data then please see our website for further contact details (<http://whiteleafbowmen.org.uk/wp/>).

Please tick the responses to the questions below to let us know how you would like to hear from us in future.

- | | | | | | |
|--|---------------------------------|--------------------------------|---|---------------------------------|--------------------------------|
| 1) Club Information via emails from Whiteleaf Bowmen | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | 2) Membership benefits / offers by email (from ArcheryGB) | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 3) ArcheryGB magazine | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | 4) ArcheryGB newsletter via email | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |

Disclaimer and Signature

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand and agree to abide by the Rules & Regulations of Whiteleaf Bowmen & ArcheryGB, with particular reference to the Safety requirements.

Juniors (under the age of 18 years) are NOT to be left at the archery field or indoor site at any time, including whilst shooting, unless they are accompanied by their parent(s) or guardian. They are NOT to be the responsibility of any other Whiteleaf Bowmen Club members. Whiteleaf Bowmen abides by the ArcheryGB Policy For Safeguarding Children, Young People and Vulnerable Adults.

SIGNED:

Applicant: _____ Date: _____

Parent / Guardian: _____ Date: _____

If the Applicant is under 18years of age