



APPLICATION FOR MEMBERSHIP

Applicant Information

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

Address: _____

Town / City County Post Code

Sex recorded at birth: Male Female
Please circle as appropriate.

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

Home: _____ Mobile: _____

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

Previous Archery Experience

ArcheryGB Membership No: _____

Previous Archery Experience & Clubs Attended: _____

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

Data Privacy & Communications

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 NO

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 Archery Club, and 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 Archery Club members. Whiteleaf Bowmen Archery Club follows 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