



Membership Application & Renewal Form

Contact Details - Mr/Mrs/Miss Other

Forename: Surname: DOB:

Address:
.....

Post Code: Email:

Tel Home: Tel Mobile:

If you have any Medical/physical conditions the club needs to be aware of please give brief details below:-

(All information will be treated in the strictest confidence)

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Membership Applied For: - (Please tick relevant boxes)

Renewal: ☐ AGB number:

New membership: ☐

Senior membership: ☐ Disabled membership: ☐ Over 65 Concessionary membership: ☐

U18 membership ☐ Over 80 Concessionary membership ☐

Membership effective from:

Membership inclusions: Club: ☐ AGB: ☐ HAA: ☐ SCAS: ☐

I hereby agree to abide to the club constitution, rules and AGB Rules of Shooting effective during my membership term: ☐

I give permission for my personal contact details, as provided on my membership form, to be passed to any organisation that we may be affiliated to for the purposes of insurance ☐*

I give permission for my email address to be used by Tenzone Bowmen Secretary to inform me of club events and other archery related information, such as competitions and information from HAA and SCAS ☐*

(*Your data privacy is important to us, for more information please refer to the Tenzone Data Protection Statement.)

Signature: Date:

Club Official use

Club:	AGB	SCAS	HAA	TOTAL
£	£	£	£	£

Paid by: Cheque: ☐

Cash: ☐

BACS online transfer: ☐

Agreed Payment Plan: ☐

Sort Code 30-90-21

Account No 39723268

£ _____ / Month or

_____ Payments of £ _____

Processed by Treasurer: ☐

Date:

Processed by Secretary: Email Distribution ☐ Added to Members List ☐