



Membership Application & Renewal Form

Contact Details

Title: Forename: Surname:

DOB:

Address:

Post Code:

Email: Telephone Number:

Medical Information:

If you have any conditions that the Club need to be aware of in regard to shooting on the line please give brief details below:

If you have important information that medical personnel would need to know in the event of an emergency we highly recommend wearing a medical bracelet, or something similar, that can be easily accessed.

Membership

New Membership: Renewal:

AGB member (optional)*: Y N AGB number (if relevant):

Beginner Course Completed Y N Date Course Completed

Club where Beginner Course held: Tenzone Bowmen Other (please provide copy of your certificate)

Categories:

Junior (8-17) Adult (18-64) Adult (65-79) Adult (80+)

Disabled Y N

Membership effective from:

Membership inclusions: Club (including NSRA insurance) – required : AGB (including HAA & SCAS) – optional*

(NSRA - National Smallbore Rifle Association. AGB – Archery Great Britain. HAA – Hampshire Archery Association. SCAS – Southern Counties Archery Association)

Declaration

- I hereby agree to abide to the Club Constitution and Rules effective during my membership term:
- I give permission for my personal contact details, as provided on my membership form, to be passed, where necessary, to any essential organisation affiliated with Tenzone Bowmen for purposes such as insurance and membership to governing bodies **
- I give permission for my email address (or home address if no email provided) to be used by Tenzone Bowmen Secretary to inform me of club information, events and other archery related information **

(* Not optional for Committee members and Coaches)

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

Signature: Date:

NEW MEMBERS: PLEASE NOTE YOU WILL NOT BE ABLE TO SHOOT UNTIL YOU HAVE RECEIVED AN EMAIL CONFIRMING YOUR ACTIVE MEMBERSHIP & INSURANCE STATUS

Club Official use

Club:	NSRA	AGB	SCAS	HAA	TOTAL
£	£	£	£	£	£

Paid by: Cash: BACS online transfer: Agreed Payment Plan: £ _____ / Month or ____ Payments of £ _____

**Sort Code 30-90-21
Account No 39723268**

Processed by Treasurer: Date:

Processed by Secretary: Insured Welcome Email Added to Distribution List