

Membership Application & Renewal Form

Contact Details - Mr/Mrs/Miss Other				
Forename:	Surname:		DOB:	
Address:				
Post Code:		Email:		
Tel Home:	Tel Mobile:	Tel Mobile:		
If you have any Medical/physical condition	ons the club needs t	o be aware of please gi	ve brief details be	low:-
(All information will be treated in the strictest confidence)				
<u>Membership Applied For: - (Please tick relevant boxes)</u>				
Renewal: AGB number:				
New membership:				
Senior membership: Disabled member	ership: 🗌 🤇	Over 65 Concessionary m	nembership:	
U18 membership: 18-24 membership: Over 80 Concessionary membership:				
Associate membership:		Beginners course coach	Concession:	
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 Archery GB, Hampshire Archery Association (HAA) and Southern Counties Archery Society(SCAS).				
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 S	CAS	HAA	TOTAL	
£££		£	£	
		turn of our 🗖	A sure of D	
Paid by: Cheque: Cash: Cash:		BACS online transfer: Sort Code 30-90-21		ayment Plan: 🗌
	Account No	39723268	£	/ Month or
			Paymei	nts of £
Processed by treasurer:	Date:			
Processed by Secretary: - Welcome lett	er: 🗌 🛛 Email:	Archery GB	: 🗌 HAA:	