



VALHALLA AIRSOFT

ANNUAL MEMBERSHIP FORM

Welcome to Valhalla Airsoft. Our club membership costs £30 per annum and offers an incredible range of benefits. You do not need to be a member to play at Valhalla Airsoft.

Club members are entitled to the following benefits:

- Discounted Site fees for both full and half day events
- 10% discount on Consumables at the site store
- 10% discount on pyrotechnics at the site store (over 18s only)
- 10% discount on replica purchases made through the Valhalla Airsoft eshopping program
- 5% discount on other purchases made through the Valhalla Airsoft eshopping program
- Free entry to competitions and Member only events hosted by Valhalla Airsoft
- Free UKARA registration (after meeting legal requirements)

To become a member you must meet the following requirements:

- Be over 18 years of age
- (or) be over 12 years of age and have the consent of your parent/guardian
- Own your own replica weapon(s) and equipment
- Pay the annual membership fee of £30.00
- Provide all information requested below

To ensure we have the correct contact details for you, please complete this form and give it back to **Dorian Sherratt** or **Jean Moore** who will process your information and provide you with your unique membership number.

If you are under 18 please ensure your parent/guardian has signed the form before it is returned.

We will also use this information to ensure that you are kept informed about club events.

To apply for membership with Valhalla Airsoft please fill out the following form providing the requested information using **BLOCK CAPITALS** throughout.

Personal Details:

Name: _____

Address: _____

Postcode: _____

Home Telephone
Number: _____

Mobile Number: _____

Email Address: _____

Date of Birth: _____

UKARA Number (if
applicable) _____

Gender:

Female

Male

Medication:

Please provide us with details of any condition requiring medication (such as inhalers).

Condition	Medication	Dosage

Please note:

- We cannot administer medication under any circumstances unless previously agreed with the club management/volunteers.
- Medication should be carried in your top right pocket where possible or in another pocket/pouch on your right hand side.

Emergency Contact Details:

Please insert the information below to indicate the person(s) who should be contacted in the event of an incident/accident.

Contact name: _____

Emergency Contact Number: _____
Mobile/Landline (delete as appropriate)

Relationship to you: _____

Declaration:

I confirm the information provided is correct and understand that providing false information may result in my membership being cancelled without warning or refund of membership fees.

Signature of Member: _____

Date: _____

To be completed by site staff:

Membership start date:

Membership Fees paid:

New Member/ Renewal

Signed:

Print Name:

Date:

Membership # (on card) **VAL**