



KINGS' CLIPSTONE

FIELD ARCHERY CLUB

MEMBERSHIP FORM 2025/26



Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>
Phone No.	<input type="text"/>		
E-mail	<input type="text"/>		
KCFAC No.	<input type="text"/>	NFAS No.	<input type="text"/>
<input type="checkbox"/> Full	<input type="checkbox"/> Junior Full	<input type="checkbox"/> Provisional	<input type="checkbox"/> Associate <input type="checkbox"/> Day

Emergency Contact	<input type="text"/>
Phone. No.	<input type="text"/>

Do you consider yourself disabled under the Equality Act 2010	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes do you need any reasonable adjustment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details (optional)	<input type="text"/>
	<input type="text"/>

Membership Agreements:

I undertake as a member to assist with the maintenance of the club facilities and the setting up of Club activities such as Open Shoots or 'Have a Go' days within my abilities.

I Agree ☐ I don't Agree ☐

I give permission for personal details to be held on computer, the club will only use your data for the purposes of running the club and will never be given to anyone outside of the committee.

I Agree ☐ I don't Agree ☐

I give permissions photo's taken at club events to be used for Club purposes, including social media, website and the press. (This list is not inclusive)

I Agree ☐ I don't Agree ☐

Signed	<input type="text"/>	Date	<input type="text"/>
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Signed of behalf of Kings' Clipstone FAC	Date	<input type="text"/>
Name	<input type="text"/>	Position <input type="text"/>