

Buchan Archers Membership Application Form



1. Personal Details

Name: _____

Address: _____

Postcode: _____

Telephone: _____ Mobile: _____

E-Mail: _____

Date of Birth: _____

2. Medical Information (Junior Members Only)

All Senior Archers are required to complete an ICE Card and carry it in their Quiver.

Please detail any important information that our coaches should be aware of (e.g. Asthma, Epilepsy, Diabetes, etc)

3. Emergency Contact Details

In case of emergency/accident we should contact

Name: _____

Relationship : _____

Contact No: _____

4. Membership category:

Senior: £40

Family: £80/£75

Disabled/Concession: £35

Junior: £35

Non-Shooting: £10

For members under 18:

Parent or Guardian: Name (Block Capitals) _____

Signed: _____

Consent for use of cameras:

I also give permission for photographs/videos to be taken of him/her

Parent or Guardian: Name (Block Capitals) _____

Signed: _____

For club administration ONLY

Application reviewed:

Club executive passed: Yes No

Fees collected:

Membership card issued:

Date:

Membership number: _____