**Application for Membership**

**Applicant’s Details:** (Please print in capitals)

Fields marked with an asterisk(\*) are mandatory.

|  |  |
| --- | --- |
| Mr/Mrs/Ms/Dr/other\* |  |
| Full Name\* |  |
| Address\* |  |
|  |
|  |
| Postcode\* |  |
| Primary Telephone |  |
| Secondary Telephone |  |
| E-Mail\* |  |
| Date of Birth\* |  |
| Do you consider yourself to have a disability?\* |  |
| If yes, please specify briefly |  |
| Signature of applicant |  |
| Signature of parent or guardian for under 18 |  |
| Date |  |

**Are you currently a member of an AGB-affiliated Club(Y/N)?** …….. **Club name:**………………………………………..

**Existing Archery GB number:** ………………………

**Will you affiliate through Chippenham Archers (Y/N)?**....................

**Data Protection:**  Your details above will be added to our membership database and to the Archery GB database. Only the Membership Secretary will have access to all the details you have submitted above.

Please send this application form to: secretary@chippenhamarchers.org.uk

Details of the cost of membership will be sent to you when your application for membership has been considered. Membership only becomes valid on payment of the fee.

**Submission of this membership application form confirms your acceptance of Chippenham Archers Privacy Notice contained on the website at: www.chippenhamarchers.org.uk.**