



www.clactonarchers.co.uk

APPLICATION FOR MEMBERSHIP

BOX 1. MUST BE COMPLETED BY ALL APPLICANTS

FULL MEMBERSHIP

SURNAME.....**TITLE:** Mr. Mrs. Miss. Mstr

FORENAME(S)

ADDRESS:
.....
.....

Telephone Number:**mobile:**

E:MAIL ADDRESS

ARCHERY EXPERIENCE

I declare that I shall abide by the rules of Constitution of CLACTON ARCHERS, a copy of which I have been given

Signed: **Date:**

Payment accepted by: Cash/Cheque/Internet Banking (Account number: 81814389, sort code:-40-17-26 reference: Name/New Member-email confirmation to: tina.clactonarchers@sky.com).

COUNTERSIGNED:**Club Office:**

Fee Paid:

BOX 2. TO BE COMPLETED BY PARENT OR GUARDIAN FOR ALL JUNIOR APPLICANTS (UNDER 18 YEARS)

DATE OF BIRTH OF APPLICANT

Please indicate to whom all Correspondance should be addressed:

Address (if different from above)
.....

Clacton Archers actively encourages a safe environment for Junior and Senior Members alike.

Accordingly your attention is drawn to Rule 6(c) of the Rules of Constitution which explains that junior members, under 16 years of age, must be accompanied on shooting days by a responsible adult, who need not necessarily be a club member themselves.

Unaccompanied Juniors will not be allowed to shoot.

PLEASE SIGN BELOW TO INDICATE THAT, AS THE APPLICANT’S PARENT OR GUARDIAN, YOU HAVE READ AND UNDERSTAND THE INFORMATION ABOVE.

Signed: **Date:**