



Newark Castle Archers

Beginner's Course Registration & Membership Application Form

Type of Application:	Full Membership:	Beginner's Course:	
Surname:		Forename(s):	
Address:		Title:	
		Phone:	
		Mobile:	
Town:		E-mail:	
Postcode:		Date of birth:	
Class of membership applied for:	Senior	Junior (under 18)	
Are you currently a GNAS member?	No	Yes – Membership No. _____	

Medical

Are there any medical or health conditions that we need to be made aware of prior to participating in the sport of Archery? Yes
No

Emergency Contact Details

Surname		Forename(s)	
Address		Title:	
		Mobile:	
		Home Phone:	
Town		Postcode:	
Relation to member:			

I would like to apply to become a member of Newark Castle Archers. In doing so I understand that I will become an affiliate member of the Grand National Archery Society (GNAS), the East Midlands Archery Association, and Nottinghamshire Archery Society.

I agree to be bound by the rules of the Grand National Archery Society, and its organisations, and the rules and constitution of Newark Castle Archers.

I agree to pay subscriptions to the club as set from time to time by the club in general meeting and understand that I may also be due to pay an affiliation fee to the GNAS which includes a levy for regional and county administration purposes.

I do / do not consent for the club to use photographic images taken at club events for publicity purposes including publishing on the club's web site.

I understand that to allow the effective operation of the club it will be necessary for the club to maintain records of the personal data outlined above. I consent to this information being held by the club for this use, subject to the provisions of all relevant legislation.

Signed: _____ **(Applicant) Date:** _____

For junior members:

I have completed the agreement between Newark Castle Archers, and myself and agree to be bound by the terms and conditions within it. I also give my consent for my child to become a member of Newark Castle Archers, subject to the provisions above.

Signed: _____ **(Parent / Guardian) Date:** _____