



Kirton in Lindsey Archery Club Membership Application Form

KLAC membership number _____

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 _____	

I apply to become a member of the Kirton in Lindsey Archery Club. In doing so I understand that I will become an affiliate member of the Archery GB (GNAS), the East Midlands Archery Society (EMAS), and the Lincoln County Archery Society (LCAS).

I agree to be bound by the rules of the Archery GB, and its organisations, and the rules and constitution of the Kirton in Lindsey Archery Club.

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

I do / do not (*please delete*) consent for the club to use photographic images taken at club events for publicity purposes including publishing on the club's web site and use both at a local and national level. I understand that I can withdraw permission, at any time, by writing to the club secretary.

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 the Kirton in Lindsey Archery Club, 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 the Kirton in Lindsey Archery Club, subject to the provisions above. **I do / do not consent for the club to use photographic images of my child as stated above.**

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

Email is used on a regular basis, by the club, as a means of communication.
I do / do not give consent for my email address to be passed to all club members.
I do / do not give consent for my email to be viewed by committee members only. (If consent not given it will be held by the Secretary only).

Disability:

The Disability Discrimination Act 1995 defines a disabled person as anyone with ‘a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’.

Do you consider yourself to have a disability? Yes ___ No ___

If yes, we will speak to you further about how best we can support you to participate in archery.

Medical information: Please detail below any important medical information that our coaches / junior coordinator or Field Captain should be aware of (e.g. allergies, epilepsy, asthma, diabetes etc.)

Emergency contact details:

Please insert the information below to indicate the person(s) who should be contacted in event of an incident / accident.

Contact name(s): _____

Emergency contact number(s): _____

Additional information:-

Have you participated in archery before? Yes ___ No ___

If yes, was it a “Kirton in Lindsey Archery Club Beginners Course” or somewhere else? _____

It is not Club policy to allow members information to be shared with third parties however GNAS request permission to share your information with the Ipsos MORI poll for Sport England. If you give your consent for this please sign here: _____

Total fee enclosed: £

[**Cheques** to be made payable to: **KIRTON IN LINDSEY ARCHERY CLUB**
Please list all names the cheque covers on the reverse, thank you.]