



Application for Membership

Name _____

Date of Birth (Juniors Only) _____

Address (Including full postcode) _____ _____ _____ _____

Telephone _____

Mobile _____

Email _____

In applying to be a member of Argyll Field Archers, I accept that I shall abide by the Constitution and Rules of the Club.

I also accept that the Membership Fee paid by me is non-refundable.

I consent to the club holding my details in any form, physical and electronic for use by the club only. Such details that are required by G.N.A.S., S.A.A. and W.S.A.A. can be given only for their administration purposes concerning my membership.

Signed _____

Date _____

This form should also be signed by Parent or Legal Guardian for a Junior Member. Please state relationship.

Signed _____

Date _____

Return this completed form to:
Dale Kupris, AFA Secretary, 14 McCalls Terrace, Oban, Argyll, PA34 4JE

Office Use Only

Membership Date _____

Membership Type _____

Fee paid _____

G.N.A.S. Membership Number _____