

Please return to:

Nick Ellender, Chairman LASS, 18, Wykeridge Close, Chesham, Bucks. HP5 2LJ tel: 01494 785495 ellender.posadzki@btinternet.com

## Membership Application Form

Name of applicant				
Address				
Tel No Home				
Tel No Mobile				
E:mail address				
Please circle as appropriate	Senior Over 17 and under 65	Junior 17 and under	Senior Citizen 65 and over	Associate
If Junior member - Date of birth				
Please state if you have any medical conditions, which you believe may	(This information will be treated in absolute confidence and will only be used by the committee to endeavor to ensure the club meets your personal needs.)			

I enclose a cheque made payable to **Longbow Archers of St Sebastian** for (Please circle) £50 (Senior) £25 (Junior) £30 (Senior Citizen) £30 (Associate)

Members must have current membership of the BLBS for insurance purposes. Please apply with the attached form.

Associate Membership is available to longbow archers who are members of another archery club and have BLBS, GNAS or current EFAA membership

I do not have court convictions that might affect my appropriateness to be a member of this club.

I confirm that the applicant has completed a recognized beginner's course in archery.

Signed: .....

Date: .....

For Junior members:

The parents or guardians of under 18s must sign the consent section of this form. Please refer to the Club's Rules on the attendance of under 16s at club courses or meetings.

**Parental Consent:** I the undersigned hereby consent to the above named junior joining the Longbow Archers of St Sebastian archery club. I hereby confirm that I am the applicant's Parent/Guardian.

Name:

Signed.....

Date.....