

Cloth of Gold

Field Archery Club

MEMBERSHIP APPLICATION FORM

Name _____ NFAS No. _____

Address _____

Email _____

Telephone _____

Mobile _____

If under 16, age last birthday _____ Date of birth _____

.....
Previous Experience (stating any previous Archery Club of which you have been a member)

In Archery terms are you: 1. Novice 2. Learner 3. Experienced

.....
MEDICAL (This is voluntary)

Do you have any medical conditions which we should know about, or Allergies?

.....
Membership fees:

Adults	£45
Children under 16	£20
Family	£110

Please tick one

Amount enclosed: £ (cheques payable to 'Cloth of Gold') _____

Or: Bank Transfer: Account No. 00739021, Sort Code 30-18-34 _____
(Please email lgsmithhouse@tiscali.co.uk with your payment reference
with a copy to rosegoss96@gmail.com)

Please send this form with your payment details to:

Rose Goss, Club Secretary
24 Skyswood Road
St. Albans
AL4 9PG