

Cloth of Gold

Field Archery Club

* APPLICATION FOR MEMBERSHIP *

Name _____ NFAS No. _____

Address _____

Email _____

Telephone _____

Mobile _____

If under 18, 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	£50
Children under 18	£20
Family	£110

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

Please tick one

Or: Bank Transfer: Account No. 00739021, Sort Code 30-18-34
(Please email lgsmith117@outlook.com 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