



MEMBERSHIP APPLICATION

Full Name	
Address	
City/Town	
Post Code	
Tel No	
Email Address	
Date of Birth	
Archery GB No. if known	

I hereby apply for membership of East Kilbride Archery Club

I have read and agree to abide by the Club Constitution and Code of Discipline (see website) and SAA Policies, Procedures and Governance

I agree that my email address may be used to provide me with information on club activities Yes No

East Kilbride Archery Club will not use this email address for any other purpose and may not disclose it to any other party

I consent to having my photograph taken and used on East Kilbride Archery Club's website and Facebook page or as part of club advertising Yes No

Signed	
Date	

Application for junior membership must be countersigned by a parent/guardian.

Parent/Guardian Signature	
---------------------------	--