

Gipping Valley Archers - Associate Membership Form



Personal

Current AGB Membership Number _____ Your Primary Club _____

Full Name _____

Address _____

Post Code _____ Phone (Mobile) _____

E-mail _____ Phone (Home) _____

Membership Type Senior (25+) Student (18-24) Juniors (U18) Archer with Disabilities

Gender Male Female Date of Birth _____

Medical Please provide details of any medical conditions that may affect you during archery sessions.

In case of emergency, who do you wish to be contacted?

Name _____ Phone _____

Continue over if required

Data Protection Under the General Data Protection Regulations (GDPR) it is necessary for the Club to request your permission to collect, store and use ("process") personal data about you in order to carry out its normal administration. This includes consenting to the club contacting me by e-mail or mobile message for club communications (news, general club info, shoot cancellations etc.).

As an Associate Member of Gipping Valley Archers you are agreeing to maintain Archery GB membership via your primary club given above. If your Archery GB membership is cancelled or is not renewed your Gipping Valley Archers membership will also stop.

Please indicate which of the following you are happy to receive. GVA Communications

Join the GVA Club WhatsApp group (your mobile number will be visible within the group)

Agreement I am applying to become an Associate Member of the Gipping Valley Archery Club. I agree to be bound by the rules of Archery GB & its organisations, the rules & constitution of Gipping Valley Archers. I agree to pay my non-refundable membership fees to the club & its affiliates. I consent for the club to keep my details on record & will inform them of any changes.

As an Associate Member of GVA you may already have affiliated membership of the regional body for this area Essex and Suffolk County Archery Association (ESAA). Please indicate your preference.

Already affiliated via my primary club I wish to be affiliated with ESAA No thank you

Signed _____ Date _____

Parents (or Guardian) of Junior Members I give my consent for my child to become a member of Gipping Valley Archers and understand they can only shoot when I am present and we will remain responsible for them at all times. I am already a members of the club, my Archery GB membership number is

_____ Name _____

Signed _____ Date _____

Payment Method For membership fees see separate sheet or visit [Club Fees » GVA \(gippingvalleyarchers.co.uk\)](http://clubfees.gippingvalleyarchers.co.uk)

BACS transfer Sort Code: 20-44-51 Account 00875759 Reference: Please put your name as the reference.

Cheque: Payable to "Gipping Valley Archers". Please bring the cheque to a Sunday Shoot

For GVA Club Use Only

Membership accepted Date _____ Payment Received Date _____