

Gipping Valley Archers - Membership Application Form



Personal

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.

Continue over if required

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

Name _____ Phone _____

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.). And to the collection & recording of my archery scores in the GVA scoring system and their publication online (in a closed password protected members only area).

I would like to join the GVA Club WhatsApp group (your mobile number will be visible within the group)

As your membership fees include joining Archery GB we will provide Archery GB with your personal data which they will use to enable access to an online portal for you (<https://agb.sport80.com>) which, amongst other things, allows you to set and amend your privacy settings. If you have any questions about the continuing privacy of your personal data when it is shared with Archery GB, please contact gdpr@archerygb.org. Please indicate which of the following you are happy to receive from Archery GB (**they are all free**).

GVA Communications Volunteers Ezine AGB Communications Members Ezines

Agreement I am applying to become a member of the Gipping Valley Archery Club and understand I will become an affiliated member of Archery GB (AGB), the Essex and Suffolk County Archery Association (ESAA) and Stowmarket Golf Centre. 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.

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

Signed _____ Name _____
Date _____

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

Archery GB No _____

Payment Received Date _____