



Membership Form



To become a Gipping Valley Archery member or to re-new your membership please complete this form and return it to the club. If you **do not** wish to provide certain information, please just write **N/A**.

Full Name: _____

Date of Birth: ____ / ____ / ____ (DD/MM/YYYY) **Gender:** _____

Address: _____

Town/City: _____

County: _____ **Postcode:** _____

Tel: (Home) _____ **Tel: (Mobile)** _____

Email: _____

As a member of Gipping Valley Archers, you will automatically be registered as a member of Archery GB and Essex and Suffolk County Archery Association.

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.

Would you like to hear from Archery GB about the latest news including the quarterly magazine, ways in which you can support us and membership benefits available?

If so, please tick below to let us know how you would like to hear from us and confirm you contact details:

- 1) Magazine: Yes No
- 2) Email Newsletter: Yes No
- 3) Membership benefits and offers by email: Yes No

The details about will only be available to those on the committee of Gipping Valley Archers, Archery GB Essex and Suffolk County Archery Association and Claydon and Barham Community Centre. Your data will be used just for membership, unless stated otherwise. You have the right to change your information and communication preferences or unsubscribe at any time. For more information speak to one of our committee members. By signing this document you are agreeing that you will follow the Code of Conduct and Smoking policy from Archery GB. Not following this document may lead to the club terminating your archery membership.

I understand the statements above. I confirm that I am happy for my details, as provided, to be held by Gipping Valley Archers, Archery GB, Essex and Suffolk County Archery Association and Claydon and Barham Community Centre.

Signed: _____ **Date:** _____

If archer is under 18, Parent or guardian signature.

Signed: _____ **Date:** _____

Print Name: _____