

ANDOVER ARCHERS MEMBERSHIP RENEWAL

For use by seniors and juniors

Surname..... **First Names**.....

Address.....

.....**Postcode**.....

Telephone.....**Mobile**.....

E-Mail.....

Date of birth (if Junior).....

GNAS No.....**Occupation**.....
Or former occupation if retired

Class of membership applied for: **Full Junior**.....

Full Senior.....

Please tick applicable section

Disabled Member.....

I, the undersigned, wish to renew my membership with Andover Archers and if accepted, agree to abide by the Club Constitution, Rules and decisions of the Committee.

Signature.....**Date**.....

This must be signed by a parent or guardian if application is for Junior Membership

Please return this form before **31 August**

In the case of Juniors, please state any known medical conditions that may affect the child during the session, and your preferred course of action.

DO NOT INCLUDE ANY PAYMENT WITH THIS FORM.

A payment will be requested when the committee has approved your renewal application.

For Committee use only

Date received.....

Approved by.....