

ANDOVER ARCHERS MEMBERSHIP RENEWAL

For use by seniors and juniors

Senior

Delete as appropriate

Junior

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

Address.....

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

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

E-Mail.....

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

GNAS No........ **Occupation**.....

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

Full Senior.....

Please tick applicable section

Existing Associate.....

Honorary Member.....

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 with the relevant Fees to any committee member.

For Committee use only

Date received.....

Approved by.....