



# Welcome to Chorley Bowmen

MEMBERSHIP APPLICATION					
CONTACT INFORMATION					
Name:					
Date of birth:	Email:		Phone:		
Current address:					
Town/City:	County:		Post Code:		
MEMBERSHIP FEES					
The following subscription fees include costs required by Archery GB, Northern counties Archery Society and Lancashire Archery Association, as well as a contribution towards the running of Chorley Bowmen.					
Please circle the membership level/fee period for which you are applying:-					
<b>NOTE - The archery year runs from 1st October until 30th September. The published fees cover the period from date of joining until 30th September only</b>					
Joining Between	October and March		April and September		
	membership runs to until 30th Sept				
Senior (25+)	108		65		
Young Person (18-24 inc.)	77		46		
Junior (under 18)	54		32		
Disability Archer	77		46		
Associate Fees					
Associate members must be registered, current members of AGB, either having paid directly to AGB or having subscribed to AGB via the fee structure of another club					
Associate	60		36		
Junior Associate (under 18)	40		24		
ARCHERY EXPERIENCE					
Have you completed an approved Archery GB beginners' course?				Yes	No
If yes, where did you complete it?	Chorley Bowmen	Archery world	Other (please specify)		
My preferred shooting style (if known) is.....	Recurve	Compound	Barebow	Longbow	
How long is it since you last shot (a bow)?	Within last 3 months	Within last 6 months	Within last year	Longer than 1 year	
GNAS/Archery GB Number (if you have one)		Main Club (if joining as associate)			
ARCHERY ASPIRATIONS					
I am interested in structured coaching and support		I am interested in performance shooting			

## MEMBERSHIP APPLICATION

I am interested in purely social shooting

I am interested in helping with club organisation and running

### DISABILITY AND MEDICAL CONDITIONS

Chorley Bowmen is proud to support members with a wide range of disabilities and medical conditions. Archery provides an excellent opportunity for participants of all levels of physical and mental ability to shoot together. In order to ensure that we provide effectively for this diversity and to ensure the safety of all members it is essential that we are aware of any disabilities or conditions which might be relevant to your shooting ability. This information will be used only by club officials and the coaching team when helping to develop support and services for individuals and the wider membership.

Do you have a 'disability' or injury which may impact on the way you shoot or your mobility on the archery field? (please specify)

e.g. mobility, previous muscle or bone injury which might restrict limb movement, vision impairment, hearing impairment, etc.

Do you have any medical conditions regarding which the club officials and coaching team should be made aware?

e.g. diabetic, heart condition, epilepsy, etc.

### EMERGENCY CONTACT

Name:

Mobile:

Phone:

Relationship:

### SIGNATURES

I have read and agree to abide by the Chorley Bowmen code of conduct and understand that my membership application is subject to approval by the club committee (or its representative), following which a probationary membership period of 3 months will commence.

Signature of applicant:

Date:

**Please note that, for children under 16 years old, parents are expected to remain with the child to ensure correct behaviour. This responsibility is not to be delegated to the club nor expected of the club unless the parent has personally arranged this with a club member who has agreed to act on the parent's behalf and take responsibility for the child.**

Signature of parent/guardian

Date:

*(only if for a applicant is under 18 years of age:*