



Stourbridge Company of Archers

Application for Membership

(PLEASE PRINT CLEARLY)

Full Name: (Mr / Mrs / Miss / Ms / Other)	
Address: (Please include Postcode)	
Email:	
Telephone Number:	
Date of Birth (if aged 24 or under)	

Note: Applicants aged 18 to 24 inclusive may be required to provide evidence of date of birth.

Type of Membership Required:	Full Active Member - Senior (aged 25 years and over) <input type="checkbox"/> (Affiliation fees paid via SCOA)	Full Active Member – Senior (aged 18 to 24 years inclusive) <input type="checkbox"/> (Affiliation fees paid via SCOA)	Associate (Adult) <input type="checkbox"/> (Affiliation fees paid via another GNAS Club)	Junior <input type="checkbox"/>	Associate Junior <input type="checkbox"/> (Already a member of another GNAS Club)
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If applying for Associate Membership, please give your Archery GB Membership number below, together with the name of the GNAS Club via which your affiliation fees are paid. (Those applying for Associate membership may be required to undergo an assessment to ensure that they are able to safely operate their equipment and are familiar with etiquette and safety procedures).

GNAS Membership Number:		GNAS, Region & County Affiliations paid via:	(Name of Club)
			(Expiry Date of Membership)

I hereby apply to join Stourbridge Company of Archers and agree to abide by their Constitution and Rules and with the etiquette of shooting as set out in the GNAS "Rules of Shooting" booklet. On being accepted for membership, I understand that I will be invoiced for the membership fee and that membership of Somers Sports & Social Club is a pre-requisite of joining SCOA. I further understand that all Senior and Associate members will be expected to assist with at least one of the Club's open tournaments during the membership year.

Signed: **Date:**

If you have not completed a beginners' course at SCOA, please supply the following information about where you received your training in shooting and safety procedures and which type of equipment you usually shoot. (Those who have not completed an SCOA beginners' course may be required to undergo an assessment to ensure that they are able to safely operate their equipment and are familiar with etiquette and safety procedures).

Dates	Club	GNAS / NFAS	Membership Number (if known)	Longbow / Recurve / Compound

* This section should be completed by a parent or guardian if the applicant is under 14 years of age.

I understand that children under the age of 14 years must be accompanied by a parent or guardian at all times.

Signed: **Relationship:**

Please return completed form to:

Mr Steve Knight, 60 Bower Lane, Quarry Bank, Brierley Hill, West Midlands DY5 2DU

For SCOA use only:

Proposer:		Seconder:	
Date of Acceptance:		Internal SCOA Membership Number:	