

# AURORA

## FIELD ARCHERY CLUB



### Membership Application

Full Name		
Address		
Town/City		
County		
Postcode		
Date of Birth		
Email address		
Telephone	Home:	Mobile:
NFAS Membership No. *		

\*Applicants who are not members of the National Field Archery Society will need to complete an appropriate training course dependent on the type of membership required. (Not applicable for associate membership).

### Membership Category

Category	Criteria	Fee (£)	Tick Here
Adult	16 years and over	30.00	
Junior	Under 16 years	15.00	
Family	Parent(s) and up to 2 children	60.00	
Associate	Non-shooting member	5.00	
<b>New Member Application Proposed/Seconded by:</b>		(Either the person proposing or seconding the application must be a member of the AURORA Field Archery Club Executive Committee)	
Proposed by (Name)		Signature:	
Seconded By (Name)		Signature:	

(Please make cheques payable to AURORA FAC)

I Have read, understood, and agree to abide by the constitution of AURORA Field Archery Club and will be a member of the National Field Archery Society and abide to its constitution and rules.

Signature:..... Date:.....

*Membership is granted based on the applicant being willing to assist in the organisation and running of open shoots and club days when possible.*