



MEMBERSHIP APPLICATION

CONTACT INFORMATION

Name:		D.O.B	
Gender:	M / F / Other	Is this the gender you were assigned at birth?	Y / N
Email:			
Phone:			
Address:			
Post Code:			

MEMBERSHIP FEES

The following subscription fees include costs required by Northern Counties Archery Society and Lancashire Archery Association.

To become a member of Chorley Bowmen, you must also be a member of Archery GB. As of 1st October 2024, Archers will manage their own Archery GB membership via the Sport80 Membership Portal.

If you haven't created a Sport80 account already please visit agb.sport80.com and click on the Join Now button.

Note:

Membership renews on 1st of October each year, but the fees are Pro-rata, so if you join later in the season you will only pay for the months left until the renewal date (£9 or £7 per month).

Senior	£108
Under 21	£84
Disabled	£84

Payment can be made with cash, cheque or bank transfer. Cash and cheques can be handed to any committee member; cheques can also be sent by post, please contact us for the address to send them to. Cheques to be made out to "Chorley Bowmen".

Bank account to send transfers.
Please use your name as reference.

To
CHORLEY BOWMEN
10341242 | 01-05-14

ARCHERY EXPERIENCE

Have you completed an approved Archery GB beginner's course?			Yes	No
If yes, where did you complete it?	Chorley Bowmen	Archery World	Other (please specify)	
Preferred shooting style?	Recurve	Compound	Barebow	Longbow
How long since you last shot a bow?	Within last 3 months	Within last 6 months	Within last year	Longer than 1 year
Archery GB No. (You will receive this once you join AGB)	Main Club (if joining as an associate)			

DISABILITY & 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 that 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.

<p>Do you have a disability or injury which may impact the way you shoot or your mobility on the archery field? (please specify)</p> <p>E.g. mobility, previous muscle/bone injury that might restrict limb movement, vision impairment, hearing impairment etc.</p>	
<p>Do you have any medical conditions that should be made aware to club officials or the coaching team?</p> <p>E.g. diabetic, heart condition, epilepsy etc.</p>	

EMERGENCY CONTACT

Name:	
Contact Number(s):	
Relationship:	

DATA PROTECTION

When you become a member of, or renew your membership with Chorley Bowmen, you will automatically be registered as a member of the relevant County and Region.

Please also take a moment to read our [Privacy Policy](#) and [Safeguarding Policy](#).

DECLARATION

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 shall commence.

SEND COMPLETED FORM TO: enquiries@chorleybowmen.co.uk

Signature of applicant:

Date:

**Signature of parent / guardian
(if applicant is under 18 years old):**

Date:

Please note: For children under the age of 16 years old, parents are expected to remain with the child to ensure correct behaviour. This responsibility is not to be designated 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 a parent's behalf and take responsibility for the child.