

NEATH ARCHERS APPLICATION: ASSOCIATE ARCHER



Mr / Mrs / Miss / Mstr

Full Name.....

Date of Birth.....

Address.....

.....

.....

Post Code

Telephone Number

E-Mail Address.....

Required:

AGB Number:Bow style.....

Your Primary Club Name

Do you require space for a wheelchair / stool / tactile sight etc?.....

Associates are archers who have already paid their AGB, County and Regional affiliation fees and are fully paid-up members of another AGB club.

Do you have a valid Beginners Certificate: Yes / No

Name of the Club / Venue where you completed your Beginners Course.....

Neath Archers	Oct - March	April - Sept	Target Fee per session
Associate fees	£10	£10	£5

I agree to be bound by the rules of Archery GB, its organisations, and the Rules and Constitution of Neath Archers.

*** Neath Archers reserves the right to decline this application without stating a reason, as per Neath Archers Constitution 2024.**

SignatureDate

Juniors under the age of 18 (Parent or guardian **must** sign and give his/her name if applicant is under 18 years of age) Parent / Guardian name, if applicable:.....

Application:- Approved Declined