

National Field Archery Society

Associate Membership Application/Renewal 2024/2025

Visit www.nfas.net for further copies of this form or to renew or join using the electronic option (not available for new full members)

Please ensure that ALL sections in the top part of the form are completed																													
Section A All applicants to complete this section of the form																													
Is this application	New Renewal					1	Membership number																						
NEW or RENEWAL?							if renewing																						
Title	Mr		Mrs		Mi	iss		Mas	ter		Otl	her																	
Full Name																_	_												
House no/name and street								_								_													
City/town/village								_								_	_												
Country								_									_												
County Postcode							_				h			_	7			1			_								
Country		-					-	Date of B														_							
Telephone number										-						\rightarrow	_												
E-mail address									-	-						\rightarrow	_		<u> </u>										
NFAS club or Independent																													
If Club Official, position held		-															_												
Age group	Unde	r 12	12	2-15		16-	17	18	-25		26-	45	_	46-	65		66-	80		Ov	er 8	0							
												Confirmed Associate £5																	
Membership and fee	Unconfirmed Associate £5													C	onfi	rme	ed A	lsso	ocia	te f	25								
I have read and agr	ee to a	abide	e by				Sig	ned																					
all the rules and consti																													
							Da	ate																					
It is your responsibility to inform	the Ge	enera	al Secr	etary	' if y	ou l	have,	or d	evel	op,	any	me	dica	al co	ondit	ion	or	imp	airr	nen	t w	hich	co ι	blړ					
pose a safety hazard to yourself					•						•						l Se	cre	tary	's c	ont	act c	deta	ils					
can b	can be found in the NFAS Newsletter and on the website (www.nfas.net).																												
Section B						ŀ	Asso	ocia	te n	ne	mb	ers	s si	gn	off														
You will not be insured with the NFAS until you receive your Confirmed Associate Membership Card.																													
A Unconfirmed Associate membership will be issued if this form is not completed correctly.																													
Current NFAS Member (minimum 2 years) to sign this form Section A <i>MUST</i> be completed and <i>CHECKED</i> by the official <i>BEFORE</i> completing this section.																													
Section A WOST be completed and CHECKED by the official BEFORE completing this section.																													
The percept signing this form BAUST he a CURRENT FULL NEAC merchan for 2 years																													
The person signing this form MUST be a CURRENT FULL NFAS member for 2 years. Name of Member Members signature															_														
NFAS Membership number								Members signature Date																					
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											Club		inc																
As the Member signing this f	orm, <u>N</u>	YOU	must l	be co	nfia	lent	that	the	Von-	Sho	ootin	g a	opli	can	t <u>FU</u>	ILLY	un	ıder	rsta	nds	the	rule	25						
and the etiquette	e of th	e NF,	AS, and	d the	y wi	ill ne	ot be	a da	nger	r to	ther	nsel	ves	or	any d	othe	er p	ers	ons.										
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The NFAS membership year runs from 1st April to 31st March Memberships taken out from 1st January will have membership until 31st March of the following year.																													
Return the				-															чб У	cai	•								
Return form to: NFAS Mem							•			-	-					•			alcol	II. V	VCB	64	s						
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																Please allow up to 21 days for your application to be processed.													
-	National Field Archery Society and NFAS Ltd will process your data in accordance with GDPR. The information you provide will be used to maintain our membership records and administer field archery activities where membership is required																												
Individual member's details will not be sent outside of the UK. For more information contact the Data Protection Officer, Juliet Harrison																						Juire	d.						
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