

National Field Archery Society

ASSOCIATE Membership Application/Renewal 2025/2026

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)

riease ensure that ALL sections in the top part of the form are completed																											
Section A				A	All a	ар	pli	ca	nts	tc	C	om	ple	ete	th	is s	sec	tio	n c	of t	he	fo	rm				
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NEW or RENEWAL?	Ne	w		Ren	ewa	aı				if	ren	ewi	ng														
Title	М	r		Mr	S		Mis	SS		V	last	er		Ot	her												
Full Name	Ш		Ш		_	_	_																				
House no/name and street																											
City/town/village	Ш						\perp																				
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County					\perp	_	_																				
Postcode	Ш		Ш	_	_	4	4					D	ate	of	Birt	h				/			/				
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Telephone number			Ш	_	4	4	4																				
E-mail address			Ш		_	_	_					Ш															
NFAS club or Independent					_	_	_																				
If Club Official, position held							_																				
Age group	Und	der	12	1	2-1	15		16-	-17		18-	-25		26	-45		46	65		66	-80		Ov	er 8	0		
Membership and fee				Unc	onf	irm	ed	Ass	oci	ate	£5						С	onfi	rm	ed <i>i</i>	٩ssc	ocia	te f	<u>2</u> 5			
I have read and agr	ee to	o a	bide	by					Si	gne	ed																
all the rules and constit	tutio	n c	of th	e NF	AS				[Date	e																
It is your responsibility to inform																											
pose a safety hazard to yourself of can be							-							-							ecre	tary	's c	onta	act o	deta	ils
Section B															È				Ė								
	Section B Associate members sign off You will not be insured with the NFAS until you receive your Confirmed Associate Membership Card.																										
An Unconfirmed Associate me																								clar	atic	n of	

Competence for Unconfirmed Associate members

Current NFAS Member (minimum 2 years) to sign this form

Section A MUST be completed and CHECKED by the official BEFORE completing this section.

The person signing this form MUST be a CURRENT SULL NEAS member for 2 years

The person signing this form MOST be a Connect Total Masthern for 2 years.										
Name of Member	Members si	ignature								
NFAS Membership number		Date								
	Clu	ub name								

As the Member signing this form, YOU must be confident that the Non-Shooting applicant FULLY understands the rules and the etiquette of the NFAS, and they will not be a danger to themselves or any other persons.

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 whole of this form with a cheque/PO made payable to NFAS and post to:

Return form to: NFAS Membership Secretary - Lynne Harrison-Peet, 5 Ogley Crescent, Brownhills, Walsall. WS8 6AS 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, dpo@nfas.net, 07563 494876, or find the Privacy Policy on our website (www.nfas.net).