National Field Archery Society

PROOF OF MEMBERSHIP FORM

This form is NOT to be used for Expired memberships or Non members

Shoot organisers can use this form ONLY in the event of an archer or visitor not being able to produce a valid NFAS Membership card when attending an open shoot that is being run under the rules of the NFAS. This form must be forwarded with the appropriate fee by the organising club to the NFAS Membership Secretary at the earliest opportunity. When received, a copy membership card will be sent out.

Date and club where form is issued	Date	/ /	Club	

All Sections Of This Form To Be Completed

NFAS Membership Number If Known													
Title (Tick One)	Mr		Mrs		Miss		Ms		Master		Other		
Full Name													
House No or Name and Street													
Town													
County													
Country											Post Code		
Telephone Number													
Email Address													
Club in or Independent													
If Club Official, Position Held													
Age Group	Under 12		12~15		16~25		26~45		46~65		66~85	over 85	
Membership held	Adult		Under 16		DOB for U16							Associate	
Fee Enclosed	£5		This is the cost for a reprint of a current membership card										

The above fee is payable to the NFAS and payment MUST be sent with this form.
A discretionary fee of no more than £5 may be charged by the club issuing this form to cover any administation costs incurred.

I agree to abide by all the Rules and Constitution of the National Field Archery Society	Signed	
	Date	

Witnesses only to complete the following section

As the witnesses signing this form, YOU must be confident that the Archer FULLY understands the rules and etiquette of the NFAS, and will not be a danger to themselves or any other persons whilst they are participating in the sport of field archery and is a current full member of the NFAS.

The Witnesses signing this form **MUST** be Current FULL members of the NFAS.

Witness 1		Signature of Witness 1	
NFAS number		Date	
Position held (if applicable)		Club name	
Witness 2		Signature of Witness 2	
NFAS number		Date	
Position held (if applicable)		Club name	

Return the whole of this form with a cheque/PO made payable to **NFAS** To :-

Paul Harrison, NFAS Membership Secretary
67 Sycamore Avenue, Tavistock, Devon PL19 9NL. Tel 07858667367

"National Field Archery Society and NFAS Ltd will process your data in accordance with the 1998 Data Protection Act. The information you provide will be used to maintain our membership records and administer field archery activities where membership information is required. Individual member's details will not be shared with other organisations and data will not be sent outside of the UK. For more information contact the Membership Secretary"