

Llwn y moch Archers Membership Form

I wish to join Llwyn y moch Archers Club. I have read and agree to abide by the Club's Rules.

FULL NAME	GENDER	DOB
ADDRESS		
POST CODE	MOBILE NO.	
EMERGENCY CONTACT		
NAME	MOBILE NO.	
VEHICLE MAKE/MODEL/COLOUR		REGISTRATION NO
NGB AFFILLIATION WFAA NFAS	AGB OTHER(S) (please s	
SIGNED	DATE	
Date Membership approved	Secretary's Signature	
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