



## Membership Application Form

### Procedure

Please fill in this application form, circle the type of membership required, sign, date and send to the address at the end of the form. Upon receipt of payment and this form you will be sent a membership card, number and a copy of the Constitution and Rules.

### Personal Details

|   |  |  |
|---|--|--|
| <b>Title (Mr, Mrs, Miss)</b>                  |  |  |
| <b>Surname</b>                                |  |  |
| <b>Forename(s)</b>                            |  |  |
| <b>Address</b>                                |  |  |
| <b>Post Code</b>                              |  |  |
| <b>Telephone Number</b>                       |  |  |
| <b>Email address</b>                          |  |  |
| <b>Date of Birth</b>                          |  |  |
| <b>Membership Number (if applicable)</b>      |  |  |
| <b>Horseback-archery club (if applicable)</b> |  |  |

| Membership Type        |     |                                |     |
|------------------------|-----|--------------------------------|-----|
| Full <sup>1</sup>      | £25 | Junior (under 16) <sup>2</sup> | £15 |
| Joint <sup>3</sup>     | £45 | Family <sup>4</sup>            | £60 |
| Supporter <sup>5</sup> | £10 | Total Due                      | £   |

## Terms & Conditions of Membership

In submitting this Membership Application the applicant acknowledges that the sport of horseback archery has certain risks and accepts that The British Horseback Archery Association, its Officers, Members and all other associated with the Association shall not be liable for any injury, loss or damage that may occur unless arising as a direct result of any negligence. The British Horseback Archery Association does not insure members, horses, tack, archery equipment, vehicles or any other equipment.

## Declaration

On becoming a member of British Horseback Archery Association I agree to be bound by the Constitution and any rules and bye laws laid out by the Association. I agree that the decisions of the Chairman and other authorities of the Association given in accordance therewith shall be binding upon me and I authorize my name to be placed on the Register of Membership of the Association.

**PRINT NAME:**

**SIGNATURE:**

*(Signature of parent / guardian  
if under 16 years)*

**DATE:**

To be sent to: Claire Sawyer, Membership Secretary, BHAA, 3 The Pines, Yapton, Arundel, W Sussex, BN18 0EG

Any queries or difficulties contact [info@bhaa.org.uk](mailto:info@bhaa.org.uk) or call 07973 764 666.

Please make cheques payable to:  
The British Horseback Archery Association

*Office Use Only*

*Date received:*

*Paid: Y / N*

*Date Membership Details Sent:*

<sup>1</sup> An adult membership for one year

<sup>2</sup> A Junior membership is for anyone under the age of 16

<sup>3</sup> Membership for two members of the same nuclear family. Please submit details of second member on a separate sheet.

<sup>4</sup> Membership for four members of the same nuclear family. Please submit details of all members on a separate sheet.

<sup>5</sup> Membership for those wanting non-participative involvement with the BHAA.