



Membership Application/Renewal Form

New member:	<input type="checkbox"/>	Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>	Membership #	
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Title:		Name:		Surname:	
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Address:	
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Town:	«town»	County:	
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Postcode:		DOB:	
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Home tel:		Mobile tel:	
Email:		Alternative email:	
Skype ID:		Twitter ID:	

Club::	
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Ethnicity:	<input type="checkbox"/>	White (British)	<input type="checkbox"/>	Asian or Asian British (Bangladeshi)
	<input type="checkbox"/>	White (Irish)	<input type="checkbox"/>	Black or Black British (Caribbean)
	<input type="checkbox"/>	Mixed (White and Black Caribbean)	<input type="checkbox"/>	Black or Black British (African)
	<input type="checkbox"/>	Mixed (White and Black African)	<input type="checkbox"/>	Chinese or other ethnic group (Chinese)
	<input type="checkbox"/>	Mixed (White and Asian)	<input type="checkbox"/>	Do not wish to answer
	<input type="checkbox"/>	Asian or Asian British (Indian)	<input type="checkbox"/>	Other
	<input type="checkbox"/>	Asian or Asian British (Pakistani)		

Information provided by you will be held on our database at the County YFC Office and by the National Federation of Young Farmers' Clubs. Wales FYFC will hold details of members in Wales.

NFYFC or County Federations will not pass any information held on their database to any other organisation but details of products and services provided by them for your benefit may be promoted through the normal NFYFC mailing systems. If you do not wish to receive these mailings, please tick this box.

If you do not wish your details to remain on our database once your membership of YFC expires on 31st August. Please inform NFYFC that you would like your details removed.

PTO

National Federation of Young Farmers' Clubs
"Fun, Learning and Achievement"

Members receipt

Do you consider yourself to have any disabilities or long term physical or mental health issues?

(if yes, please describe your disabilities or health issues below)

If **under 18** - please give details of 2 emergency contacts, if **over 18**, please give details of at least 1 emergency contact

Contact 1	Name:	<input type="text"/>	Relationship:	<input type="text"/>
	Tel number:	<input type="text"/>	Alternative phone number:	<input type="text"/>
Contact 2	Name:	<input type="text"/>	Relationship:	<input type="text"/>
	Tel number:	<input type="text"/>	Alternative phone number:	<input type="text"/>

Members signature:	<input type="text"/>
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Parent/guardian signature:	For U18's only
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Any falsification of the signature would deem the insurance cover and membership void

Payment received by:

Name:	<input type="text"/>	Position:	<input type="text"/>
Date:	<input type="text"/>	Amount paid:	<input type="text"/>

