



Membership application for Gävle Bågskytteklubb

FIRST NAME		LAST NAME	
<input type="text"/>		<input type="text"/>	
ADDRESS		POSTAL CODE	
<input type="text"/>		<input type="text"/>	
PHONE	MOBILE PHONE	SOCIAL SECURITY NO. (10 DIGITS)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
E-MAILADDRESS			
<input type="text"/>			

I am a member of another archery club. Name?

I have been a member of another archery club. Name?

I agree that my personal data is registered in the member register and that these are only used for sporting identification (insurance, competition, anti-doping and license, the social security number is never visible externally)

Yes

No

Members (16 years and older) commit to participate in the non-profit activities that are the cornerstone for the association's activities (refers to 2 out of 3 working days as well as assistance with "prova på" activities).

Person or persons with parental responsibility or relatives of members between the ages of 12-15 undertake to participate in the activity as a member 16 years and older as above.

DATE

SIGNATURE

<input type="text"/>	<input type="text"/>
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Board decision

Permission granted

Permission cannot be granted

Signature _____