



PLEASE COMPLETE THE FORM IN BLACK INK (NOT PENCIL) AND RETURN TO YOUR CLUB TREASURER/MEMBERSHIP SECRETARY WITH YOUR MEMBERSHIP FEE.

IF YOU ARE UNDER 18, PLEASE ENSURE THIS FORM IS COMPLETED BY A PARENT/LEGAL GUARDIAN, NOT BROTHERS/SISTERS OR FRIENDS.

New member: <input type="checkbox"/>	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Membership No	Office use only
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Name:		Surname:	
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DOB:		Club:	
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Address:	
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Town:		County:	
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Postcode:		Title:	
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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 a database at the County YFC Office and the National Federation of Young Farmers' Clubs as well as being shared with other YFC clubs and counties nationally.

NFYFC 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 the box at the end of this line.

We may also publish your information and photograph in the public domain through the web sites and county magazines. If you do not consent to this please tick the box at the end of this line.

If you do not wish your details to remain on our database once your membership of YFC expires, please tick the box at the end of this line.

AUTHORISATION TO ISSUE CARD TO COUNTY FROM CLUB

Please issue the above member with a Membership Card, I confirm the following has been received:
(all boxes must be ticked before form will be processed)

Membership Fee

Club Parental Consent Form

Signed: _____ Name: _____ Dated: _____

THIS SECTION MUST BE SIGNED BY A CLUB OFFICER

Age as at **1st September 2017:**

← **PLEASE REMEMBER TO COMPLETE**

Home tel:

Mobile tel:

Email:
ESSENTIAL AS NIFYFC WILL BE USING EMAIL ADDRESSES TO SEND OUT INFORMATION AND FOR YOU TO ACCESS THE NEW NIFYFC WEBSITE WITH MEMBERS BENEFITS AND EXCLUSIVE OFFERS

↑ **PLEASE DOUBLE CHECK THE ABOVE CONTACT DETAILS ARE CORRECT** ↑

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 fill in 2 emergency contacts, if over 18, please fill in 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"/>

BY BECOMING A MEMBER OF SCFYFC I AGREE TO ABIDE BY CONDITIONS OF THE SCFYFC POLICY STATEMENT ON ALCOHOL USE, THE SCFYFC STANDARDS OF PERSONAL BEHAVIOUR AND I UNDERSTAND THAT SCFYFC HAVE A COMPLAINTS PROCEDURE. I UNDERSTAND THAT COPIES OF THESE POLICIES ARE AVAILABLE FROM THE COUNTY OFFICE.

Members signature: Date:

Parent/guardian signature (For under 18's only): Date:

Parent/Guardian in signing this form you are agreeing to allow your child to participate in lawful activities organised at Club, County, Area or National level. Any falsification of the signature would deem the insurance cover and membership void