



New member:	<input type="checkbox"/>	Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>	Form approved by Secretary:	
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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.

PTO

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

Members receipt

Home tel:	
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Mobile tel:	
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Email:	
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Alternative email:	
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Skype ID:	
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Twitter ID:	
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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)

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If **under 18** - please fill in 2 emergency contacts, if **over 18**, please fill in 1 emergency contact

Contact 1	Name:	
	Tel number:	

Relationship:	
Alternative phone number:	

Contact 2	Name:	
	Tel number:	

Relationship:	
Alternative phone number:	

Members signature:	
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Parent/guardian signature:	
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*Any falsification of the signature would deem the insurance cover and membership void*

Payment received by:

Name:	
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Position:	
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Date:	
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Amount paid:	
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