



Wiltshire Federation of Young Farmers' Clubs

"Fun, Learning and Achievement"

YFC Office, Lackham College, Lacock, Chippenham, Wiltshire SN15 2NY

email: wiltshireyfc@live.co.uk Phone 01249 446523

2012/2013 MEMBERSHIP FORM

New member:	<input type="checkbox"/>	Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>	Membership #	
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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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Home tel:		Mobile tel:	
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Email:		Alternative email:	
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Skype ID:		Twitter ID:	
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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.



Wiltshire YFC are now registered to claim Gift Aid on donations made to us, by you, on your approval. If you are not happy for us to reclaim some of the taxes that you have paid, for our benefit, please strike out the Y in the box below.

Please treat all gifts of money that I make to this Charitable organisation as Gift Aid Donations from this date forward.

If you wish to cancel this declaration at any time please notify County Office in writing.

RECEIPT SLIP

Payment of £..... received from: Name..... on

Received by Position in Club.....



Name: [input field]

Surname: [input field]

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)

[Large text area for describing disabilities or health issues]

please fill in 2 emergency contacts

Emergency contact forms for Contact 1 and Contact 2, including Name, Relationship, Tel number, and Alternative phone number fields.

Members signature: [input field]

Parent/Guardian Consent Form (for under 18's only)

I, _____ the Parent/Guardian of _____ give permission for my child to participate in any lawful events/activities organised at Club, County or National level of the Young Farmers Federation. Yes No

If you wish to receive a separate Parental Consent form for each organised YFC trip/visit, please tick the box at the end of this line otherwise the membership card will be proof of Parental Consent for Club and County activities. [checkbox]

I also give my consent that photographs may be taken of my son/daughter, and that they may be used within displays, the website or for publicity and marketing by NFYFC, and on occasion by the local press. Yes No

I am happy for my child to be transported, by a member of Wiltshire Federation of YFC, of either sex, to and from Club/County/National visits and events. Yes No

If, in the event of an accident, permit emergency First Aid treatment to be carried out and for the nominated First Aider of the event to sign for medical treatment from a medical professional. Yes No

Comments: [input field]

Any falsification of the signature would deem the insurance cover and membership void

Parent/guardian signature for members under 18: [input field]

