

THE WESSEX GARRISONS LIMITED: MEMBERSHIP FORM CHBO

PART A

Type of membership required (tick as applicable):	
Adult Membership (over 18)	
Joint/Family Membership (up to two adults plus any children under 18 living at the same address)	
Junior Membership (under 18)	
Group <i>Colonel Holcroft Bloods Ordnance</i>	
Your contact details:	
Address:	Tel No:
	Mobile Tel No:
Postcode:	e-mail address:

By signing below, I/we agree that:

- 1 My/our name, address, membership and other details may be held on computer for the purposes of distributing information and other administration purposes relating to The Wessex Garrisons Limited or any of its branch associations..
- 2 I/we will abide by the rules of The Wessex Garrisons Limited, including payment by 31 March each year of the annual membership subscription (if any) set by the Management Committee for that calendar year.
- 3 I/we agree not to hold The Wessex Garrisons Limited, or any branch association, member or officer of the Company, liable for any accident, injury or loss that may occur to my/our person or property during an event organised or authorised by any of those organisations or persons.
- 4 If The Wessex Garrisons Limited (being a company limited by guarantee) is wound up or goes into liquidation during my/our period of membership or up to 12 months after my/our membership ends, I/we will contribute up to £1 into the Company's assets, toward payment of the Company's debts and liabilities and the costs, charges and expenses of winding-up the Company.
- 5 My/our photograph may be used in The Wessex Garrisons Limited publicity. I/we also accept that we if we are photographed at events by members of the public, The Wessex Garrisons Limited cannot control the use of such images.

<u>Name of Member</u>	<u>DOB</u> (if under 18)	<u>Member's signature</u> (if aged 16+)	<u>Parent/guardian's signature</u> (if member under 18)

I am a Director of Wessex Garrisons and I approve the above application for membership.

WG Director's signature:..... Date:.....

PART B:

Please complete one copy of this page for every person named in Part A of the membership form:

Name of Member	
-----------------------	--

Licences and qualifications	<i>Tick if held:</i>
Shotgun Licence	
Firearms Certificate	
Licence to acquire black powder	
Licence to acquire and keep black powder	
GNAS Leader Award	
Basic Food Hygiene Certificate	
Current First Aid qualification (please state which, and date obtained):	
Other relevant qualifications (please give details):	

Are you currently a member of any other re-enactment society?	
Yes (please state which):	No

Do you suffer from any medical condition which may affect your own or any other member's participation at re-enactment events?	
Yes	No
If yes, PLEASE give full details below, for your own and others' safety. This information will be treated in strictest confidence	