



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:		Alt email:	
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Skype ID:		Twitter ID:	
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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

PLEASE REMEMBER TO ATTACH A PASSPORT SIZED PHOTO OF YOURSELF

Suffolk Young Farmers,
YFC Office, Stanaway Farm, Charity Lane, Otley, Ipswich IP6 9NA

Members receipt





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)	

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:		Relationship:	
	Tel number:		Alt tel number:	
Contact 2	Name:		Relationship:	
	Tel number:		Alt tel number:	

Members signature:

Parent/guardian signature:

Payment received by:

Name:		Position:	
Date:		Amount paid:	

