

MEMBERSHIP APPLICATION FORM 2014 / 2015

Cambridgeshire Federation of Young Farmers' Clubs

www.cambridgeyoungfarmers.co.uk
cambsyoungfarmers@btconnect.com

YFC Office, Home Farm, High Street,
Graveley, St. Neots, Cambs, PE19 6PL
01480 830907

New Member
'Who Cares?' Sent:
(YFC Office use)

To be completed by ALL MEMBERS and returned to the Club Treasurer
with the appropriate membership fee.

Please Note: only 'paid up' members are covered by YFC Insurance
and permitted to take part in YFC activities

Membership No:
(YFC Office use)

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PERSONAL DETAILS (Please ensure that all details are correct, thank you)

CLUB _____ New Member Current Member

Title _____ First Name _____ Middle Name(s) _____ Surname _____

House Name _____ Preferred Name _____

No. & Road/Street _____ Date of Birth _____ Age _____

Village _____

Town _____

County _____

Postcode _____

Mobile Phone _____

Home Phone _____

Work/Daytime Phone _____

Under 18's Parent / Guardian Consent Form

Database Updated:
(YFC Office use)

E-mail Address _____

Alternative E-mail Address _____

Skype ID _____

Twitter ID _____

OCCUPATION (Please tick the box(es) which most closely matches your employment)

Employed

Self Employed

Unemployed

Education

Farming: Arable

Farming: Poultry

Forestry/Tree Surgery

Allied Agricultural

Farming: Livestock

Farming: Mixed

Horticulture/Floristry

Equine

Other (please specify) _____

CERTIFICATES OF COMPETENCE HELD & TRAINING RECEIVED (Please tick all appropriate boxes)

Driving Licence (full)

ATV

Child Protection

Other relevant certificates
& training (please specify) _____

Trailer Licence (B+E)

First Aid

Health & Safety

Tractor Licence

Food Hygiene/Safety

Fire Extinguisher

INTERESTS (Please tick all appropriate boxes and delete as appropriate *)

Agriculture/Livestock *

Outdoor Pursuits/Equine*

Art/Crafts *

Travel/Work Abroad *

Environment/Wildlife *

Sports/Field Sports *

Computers/IT *

Other (please specify) _____

Rural Issues

Public Speaking

Charity Work

Conservation

Flower Arranging

Training

DISABILITY

Do you consider yourself to have any disabilities or long term physical or mental health issues?

YES

NO

If **YES**, please detail your disabilities or health issues below:

P.T.O.

ETHNICITY (Please tick one box only to indicate your ethnic background)

<input type="checkbox"/> White (British)	<input type="checkbox"/> Black or Black British (Caribbean)
<input type="checkbox"/> White (Irish)	<input type="checkbox"/> Black or Black British (African)
<input type="checkbox"/> Mixed (White and Black Caribbean)	<input type="checkbox"/> Chinese or Other Ethnic Group (Chinese)
<input type="checkbox"/> Mixed (White and Black African)	<input type="checkbox"/> Other
<input type="checkbox"/> Mixed (White and Asian)	
<input type="checkbox"/> Asian or Asian British (Indian)	<input type="checkbox"/> Do not wish to answer
<input type="checkbox"/> Asian or Asian British (Pakistani)	
<input type="checkbox"/> Asian or Asian British (Bangladeshi)	

To be completed and signed by a parent / guardian of all members AGED UNDER 18

EMERGENCY CONTACTS

▪ Name: Relationship:
 Contact No.: Alternative Contact No.:

▪ Name: Relationship:
 Contact No.: Alternative Contact No.:

PARENT / GUARDIAN CONSENT

I give permission for my son / daughter to become a member of Cambridgeshire Federation of Young Farmers' Clubs and allow him / her to participate in all Club meetings and lawful YFC activities organised at Club, County, Area and National level.

Note: I have completed and signed the additional **Parent/Guardian Consent Form** and this is returned herewith.

SIGNED (Parent/Guardian): **Date:**

Note: any falsification of this signature would deem the insurance cover and membership void.

To be completed by all members AGED 18 AND OVER

EMERGENCY CONTACT

▪ Name: Relationship:
 Contact No.: Alternative Contact No.:

To be signed by ALL MEMBERS

DECLARATION

I confirm that to the best of my knowledge the information given on this form is correct.

I agree to act responsibly as a member of Cambridgeshire FYFC, ensuring the enjoyment & safety of all involved. I understand that the Cambs FYFC Policies and Guidelines are available to me at the YFC Office.

SIGNED (Member): **Date:**

Note: any falsification of this signature would deem the insurance cover and membership void.

USE OF YOUR DETAILS: Information provided by you will be held on a database at the County YFC Office and the NFYFC as well as being shared with other YFC Clubs and Counties nationally.

County YFC Office and the NFYFC will not pass any information held on their database to any other organisation or individual but details of products and services provided by them for your benefit maybe promoted through the normal County YFC Office and 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 photos in the public domain through websites and 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 the database once your membership of YFC expires, please tick the box

MEMBER RECEIPT:

Club:	<input type="text"/>	Amount Paid:	<input type="text"/>	Date Paid:	<input type="text"/>
Member Name:	<input type="text"/>	Treasurer Signature:	<input type="text"/>		

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