



# MEMBERSHIP APPLICATION FORM

Please complete this form in **BLOCK CAPITALS** and return it to your Club Treasurer with your membership fee.  
**If you are under 18 please ensure that your parent or guardian has completed the parental consent form.**

CLUB: \_\_\_\_\_ YFC

MEMBERSHIP CARD NO: 11- \_\_\_\_\_ - \_\_\_\_\_ (to be completed at County Office)

New Member

Current Member

Associate Member

Mr/Mrs/Miss/Ms First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Male

Female

Date of Birth: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_

Work/Daytime Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

House Name: \_\_\_\_\_

No. & Road/Street: \_\_\_\_\_

Village: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_

Postcode: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

School  Further education  Higher education  (please tick if applicable)

Occupational Sector (Please tick box to the **left** of the one which most closely matches your field of employment)

- |                                   |  |                                      |   |  |   |
|-----------------------------------|--|--------------------------------------|---|--|---|
| <input type="checkbox"/> Farming: | <input type="checkbox"/> Farming:            | <input type="checkbox"/> Veterinary  | <input type="checkbox"/> Clerical                     | <input type="checkbox"/> Food/Catering   | <input type="checkbox"/> Teaching/Lecturing     |
| <input type="checkbox"/> Dairy    | <input type="checkbox"/> Forestry            | <input type="checkbox"/> Medical     | <input type="checkbox"/> Building                     | <input type="checkbox"/> Police/Security | <input type="checkbox"/> Electronic Engineering |
| <input type="checkbox"/> Beef     | <input type="checkbox"/> Poultry             | <input type="checkbox"/> Floristry   | <input type="checkbox"/> Decorating                   | <input type="checkbox"/> Leisure/Sports  | <input type="checkbox"/> Mechanical Engineering |
| <input type="checkbox"/> Sheep    | <input type="checkbox"/> Agricultural Allied | <input type="checkbox"/> Accountancy | <input type="checkbox"/> Plumbing                     | <input type="checkbox"/> Self Employed   | <input type="checkbox"/> Civil Engineering      |
| <input type="checkbox"/> Pigs     | <input type="checkbox"/> Horticulture        | <input type="checkbox"/> Insurance   | <input type="checkbox"/> Electrical                   | <input type="checkbox"/> Unemployed      | <input type="checkbox"/> Computers/IT           |
| <input type="checkbox"/> Arable   | <input type="checkbox"/> Equine              | <input type="checkbox"/> Sales       | <input type="checkbox"/> PR/Media                     | <input type="checkbox"/> Legal           | <input type="checkbox"/> Marketing              |
| <input type="checkbox"/> Mixed    |  | <input type="checkbox"/> Training    | <input type="checkbox"/> Other (please specify) _____ |  |   |

Hobbies and Interests (Please tick box to the **left** of as many as applicable)

<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Horse Riding	<input type="checkbox"/> Livestock	<input type="checkbox"/> Field Sports	<input type="checkbox"/> Music	<input type="checkbox"/> Theatre/Arts	<input type="checkbox"/> Sport
<input type="checkbox"/> Flower Arranging	<input type="checkbox"/> Charity Work	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Fashion	<input type="checkbox"/> Travel	<input type="checkbox"/> Water Sports	<input type="checkbox"/> Crafts
<input type="checkbox"/> Environment/Wildlife	<input type="checkbox"/> Computers/IT	<input type="checkbox"/> Rural Issues	<input type="checkbox"/> Training	<input type="checkbox"/> DIY	<input type="checkbox"/> Outdoor Pursuits	
<input type="checkbox"/> Working Overseas	<input type="checkbox"/> Pubs/Eating Out	<input type="checkbox"/> Conservation	<input type="checkbox"/> Other (please specify)			

**Ethnic Background**

'Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth. The Information Commissioner recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Young people aged 16 or over can make this decision for themselves.' ([www.standards.dfes.gov.uk](http://www.standards.dfes.gov.uk))

Please study the list below and tick one box only to indicate your ethnic background.

<input type="checkbox"/>	<b>White</b> (including British, Irish, any other white background)
<input type="checkbox"/>	<b>Mixed</b> (including White & Black Caribbean, White & Black African, White & Asian, any other mixed background)
<input type="checkbox"/>	<b>Asian or Asian British</b> (including Indian, Pakistani, Bangladeshi, any other Asian background)
<input type="checkbox"/>	<b>Black or Black British</b> (including Caribbean, African, any other Black background)
<input type="checkbox"/>	<b>Chinese</b>
<input type="checkbox"/>	<b>Other Ethnic Group</b>
<input type="checkbox"/>	<b>Do not wish to answer.</b>

**Disability**

Under the Disability Discrimination Act (DDA) a disability is defined as physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities.

Do you have a disability?  Yes  No

If yes, please tick the relevant box below.

<input type="checkbox"/>	Dyslexia
<input type="checkbox"/>	Blind/Partially sighted
<input type="checkbox"/>	Deaf/Hearing Impairment
<input type="checkbox"/>	Wheelchair User/Mobility Difficulties
<input type="checkbox"/>	Personal Care Support
<input type="checkbox"/>	Mental Health Difficulties
<input type="checkbox"/>	Unseen Disability (e.g diabetes)
<input type="checkbox"/>	Multiple Disabilities
<input type="checkbox"/>	Learning Disabilities
<input type="checkbox"/>	Disability not listed above

Should you wish to provide additional information please do so in the space provided:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**USE OF YOUR DETAILS**

Information provided by you will be held on a database at the County YFC Office and the National Federation of Young Farmers' Clubs. 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.

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.

<input type="checkbox"/>
<input type="checkbox"/>



**Club Treasurer Receipt**

Member name  
 Tel. no.  
 Amount paid           £  
 Treasurers  
 signature  
 Date

**Member Receipt**

Club name  
 Member name  
 Amount paid           £  
 Treasurers  
 signature  
 Date