



Southborough and High Brooms Amateur Archaeology Society

MEMBERSHIP FORM

April 1st 2020 – March 31st 2021

Please print and post the completed form to: SHAAS Membership Secretary:
5 Bullingstone Cottages, Bullingstone Lane, Speldhurst, Tunbridge Wells, TN3 0LB

Please note all information is kept confidentially and is only used for SHAAS administration purposes. Membership allows you to take part and to be insured at SHAAS events and gives you access to the member's only section of the website.

Name	
Address for correspondence	
Email (please print clearly)	
Phone: Landline / Mobile	
Have you taken part in an archaeological excavation before? Please give details.	
Are there any conditions / health issues of which SHAAS needs to be aware?	
How did you hear about SHAAS?	
Age? (please tick)	Under 16 <input type="checkbox"/> 16-29 <input type="checkbox"/> 30-45 <input type="checkbox"/> 46-65 <input type="checkbox"/> 65+ <input type="checkbox"/>
Do you give permission for newsletters / events etc to be emailed to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you give permission for photographs to be taken at SHAAS events and used for SHAAS publicity purposes eg website?	Individual Yes <input type="checkbox"/> No <input type="checkbox"/>
	Family members: Adults Yes <input type="checkbox"/> No <input type="checkbox"/>
	Children under 16 Yes <input type="checkbox"/> No <input type="checkbox"/>
Which membership would you like?	Individual (£5 per year) <input type="checkbox"/> Family (£10 per year) <input type="checkbox"/>
If you would like family membership, please provide the names of all the family members and ages if under 16 years (Please note that any child 16 years or younger must always be accompanied by an adult family member)	Adult 1 name: Adult 2 name: Child 1 name: Age: Child 2 name: Age: Child 3 name: Age: Child 4 name: Age:
How would you like to pay?	I would like to pay by cash when I next come to the site..... <input type="checkbox"/> I enclose a cheque payable to SHAAS..... <input type="checkbox"/> I would like to pay by bank transfer. Please send me bank details <input type="checkbox"/>

Signed (Main family member or individual) _____

Date __ / __ / ____