



Date Received	
Form No.	

Membership Application form

Personal details														
Surname / Family name						First name(s)								
Title	Gender			M	F	Other	Ethnicity							
Age	DoB (U18)	18-24		25-34		35-44		45-54		55-64		65-74		75+
Address 1														
Address 2														
City								Postcode						
Do you have a disability? Y/N						Will this restrict you participating in ACFA activities? Y/N								
<i>ACFA will make provision to facilitate your participation in activities, wherever possible.</i>														
Contact details														
Personal email														
University/College email														
<i>ACFA will use your email address as the primary method of contact to provide you with information about activities and events.</i>														
Mobile No.						Landline No.								
Relevant qualifications and experience – please list:														
Membership fee														
Membership is £20.00 per annum. (Free to anyone in full-time education)														
If in full-time education, please give name of your university or college and your Student No.														
BACS payment: Please make payment to: ACFA, Account 00104433, Sort Code 80-15-06. Use Reference SUBS, followed by your surname. When payment has been made, please email: acfacommittee@gmail.com to confirm. If paying by cheque, please make it payable to “Association of Certificated Field Archaeologists” and post to 11 Madeira St, Greenock PA16 7UJ.														
How did you hear of ACFA? (Please tick one)														
Leaflet	Website	Lecture	Poster	Member	Renewal	Facebook	Event							
Other (please state)														
I confirm that the information provided above is correct. I agree to comply with the Constitution and Rules of the Association which can be found on the ACFA website. I consent to my personal information being kept and stored by ACFA for the purposes of administering my membership under the Data Protection Act 2018 and other relevant legislation. Contact details may be shared with other members as a means of introduction and to facilitate travel arrangements for events etc. ACFA will not disclose personal information to third parties.														
Signature								Date						

When this form has been completed, please hand it to a member or email it to: acfacommittee@gmail.com

Admin use only

Form checked	Members' list	Training Record	Fee received	Welcome guide issued
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