

DATE OF APPLICATION

MEMBERSHIP FORM

/ /

Is this a New Membership or a Renewal? Membership Number if renewing

PERSONAL INFORMATION

Please Note: If you are buying membership for someone else, **please fill in their details** as these will appear on their membership card.

Full Name :

Date of Birth :

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Email :

Adding your email address will allow you to gain access to the members area of the website, the members only forum and mobile app.

Phone :

Address :

Town/City:

County:

Post Code:

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Are you now or previously been a member of a metal detecting club/organisation?

YES NO

If yes please give details

2. Have you ever been expelled/refused membership from any metal detecting clubs?

YES NO

If yes please give details

3. Have you ever been convicted of any offences related to metal detecting or have any cases pending?

YES NO

If yes please give details

MEMBERSHIP FORM cont'd

PAYMENT INFORMATION

Please select the Membership length you would like:

1 year – £8.00

2 years – £15.00

3 years – £22.00

5 years – £35.00

Please use **BLACK INK** and write clearly when making out cheques or postal orders.
Made payable to: National Council for Metal Detecting

BY SIGNING THIS FORM YOU ARE AGREEING TO THE FOLLOWING:

Please tick to confirm

I agree my data will be held and managed by NCMD for the purpose of administering my membership.

I agree to abide by the NCMD Code of Conduct.

YES NO Would you like to be kept up to date with news & updates, this includes information on entering competitions. If 'Yes' please ensure you have listed your email above.

Signature: _____ Date: _____

If you wish to add any 10-16 year olds to your membership for free, please fill in additional form.

THANK YOU FOR YOUR APPLICATION

Membership Cards can take up to 25 working days to arrive.
Your Insurance will be valid once your payment has cleared.

A confirmation email will be sent as soon as possible.
Please send your completed form and payment to:

National Council for Metal Detecting
Po Box 13183
Gordon
TD11 9AJ



UNDER 16s MEMBERSHIP FORM

This is limited to 10-16 year olds only

DATE OF APPLICATION

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Please ensure you attach this to your main application form. You can add up to a maximum of 3 under 16s to your membership.

Is this a New Membership or a Renewal? Membership Number if renewing

UNDER 16s INFORMATION

Full Name :

Date of Birth :

/ /

Relationship to you :

Full Name :

Date of Birth :

/ /

Relationship to you :

Full Name :

Date of Birth :

/ /

Relationship to you :