

MEMBERSHIP RENEWAL FORM

Over 18yrs

Please complete this form in **BLOCK CAPITALS** and return it to your Club Treasurer with your membership fee.
If you are under eighteen please ensure that your parent or guardian signs in the space provided.

County Federation details: County Durham Federation of Young Farmer's Clubs. **Membership Number:**
YFC Office Agriculture House Stonebridge Durham DH1 3RY.
Tel / 0191 3864388; e-mail: durhamyfc@btconnect.com
Registered Charity no: 520921

New member Current member Male Female Please tick if aged 27 or over

Club: _____ Title: _____ First Name: _____
House Name: _____ Initial: _____ Surname: _____
No. & Road/Street: _____ Preferred name: _____ Type of member: _____
Village: _____ Date of birth: _____ Age at start of year: _____
Town: _____ Home phone: _____
County: _____ Work/Daytime phone: _____
Post code: _____ Fax: _____
Mobile phone: _____ e-mail address: _____
Personal website address: _____

Car owner Car driver House owner (please tick if applicable)
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"/> Accountancy	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Civil Engineering
<input type="checkbox"/> Pigs	<input type="checkbox"/> Agricultural Allied	<input type="checkbox"/> Insurance	<input type="checkbox"/> Electrical	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Computers/IT
<input type="checkbox"/> Arable	<input type="checkbox"/> Horticulture	<input type="checkbox"/> Sales	<input type="checkbox"/> PR/Media	<input type="checkbox"/> Legal	<input type="checkbox"/> Marketing
<input type="checkbox"/> Mixed	<input type="checkbox"/> Equine	<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) _____			

First Name:

Surname:

Club Name:

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

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

- White** (including British, Irish, any other white background)
- Mixed** (including White and Black Caribbean, White and Black African, White and Asian, any other mixed background)
- Asian or Asian British** (including Indian, Pakistani, Bangladeshi, any other Asian background)
- Black or Black British** (including Caribbean, African, any other Black background)
- Chinese**
- Other Ethnic Group**
- Do not wish to answer.**

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.

- Dyslexia
- Blind/Partially sighted
- Deaf/Hearing Impairment
- Wheelchair User/Mobility Difficulties
- Personal Care Support
- Mental Health Difficulties
- Unseen Disability (e.g diabetes)
- Multiple Disabilities
- Learning Disabilities
- Disability not listed above

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

Signature: _____ Date: _____

Parent/Guardian signature (for under 18’s only) _____ **In signing this form you are agreeing to allow your child to participate in lawful activities organised at Club, County or National level, any falsification of the 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 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.



<p style="text-align: center;">Club Treasurer Receipt</p> <p>Member name _____</p> <p>Tel. no. _____</p> <p>Amount paid £ _____</p> <p>Treasurers signature _____</p> <p>Date _____</p>	<p style="text-align: center;">Member Receipt</p> <p>Club name _____</p> <p>Member name _____</p> <p>Amount paid £ _____</p> <p>Treasurers signature _____</p> <p>Date _____</p>
---	--

