

### Your Details

So that we can process and accept your membership application as quickly as possible, please ensure that you complete all fields below as clearly and accurately as possible.

First Name	<input type="text"/>	Last Name	<input type="text"/>
Home Address	<input type="text"/>		
	<input type="text"/>		
		Postal Code	<input type="text"/>
Home Telephone No.	<input type="text"/>	Mobile Telephone No.	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Airsoft Team Name	<input type="text"/>

### Emergency Contact Details

This information is required in case you have an accident at any of our games so that we can quickly notify your family or assist the emergency services in doing so.

Emergency Contact	<input type="text"/>	Relation to You	<input type="text"/>
Contact Number 1	<input type="text"/>	Contact Number 2	<input type="text"/>
Emergency Contact	<input type="text"/>	Relation to You	<input type="text"/>
Contact Number 1	<input type="text"/>	Contact Number 2	<input type="text"/>

Are you aware of any illnesses that you have that may affect you during an airsoft game, such as asthma, epilepsy etc.?

<input type="text"/>
<input type="text"/>

### Declaration

I declare that the information on this form is true and correct to the best of my knowledge. I consent to my data being stored electronically by Ground Zero Airsoft Ltd. for the purposes of this membership scheme.

Signed  Dated

### Staff Use Only

Membership Number	<input type="text" value="G Z A"/>	Details Entered	<input type="checkbox"/>
		Membership Expires	<input type="text" value="September _ _ _ _"/>