

ARENA AIRSOFT

Membership Form

Name	<input type="text"/>	AAA#	<input type="text"/>
Age	<input type="text"/>	UKARA#	<input type="text"/>
D.O.B	<input type="text"/>	Gender	<input type="text"/>
House No	<input type="text"/>	Photo <input type="text"/>	
Street	<input type="text"/>		
Town	<input type="text"/>		
County	<input type="text"/>		
Postcode	<input type="text"/>		
Landline	<input type="text"/>		
Mobile	<input type="text"/>		
Email	<input type="text"/>		
Emergency Contact	<input type="text"/>		

For Staff Use

ID Used to Verify Identity	<input type="text"/>		
ID# (eg Passport No)	<input type="text"/>		
Date Joined	<input type="text"/>	Amount Paid	<input type="text"/>
Membership Type	<input type="text"/>		

I the undersigned hereby agree to abide by the rules and conditions set down by Arena Airsoft Ltd. At all times.

Notes (Player Weapon FPS etc)

Signed	<input type="text"/>
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Staff / Witness Signature	<input type="text"/>
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Date	<input type="text"/>
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<input type="text"/>
