CLUB APPLICATION FORM SEDBERGH SHOOTING CLUB

Applicant's Full Name	
Address:	
	Postcode
Home Telephone No:	Mobile Telephone No:
Date of Birth:	Email:
Next of Kin/Guardian (if under 18)	Full Name
Address	
	Postcode
Home Telephone No:	Mobile Telephone No:
Date of Birth	Email:
Have you ever had an application f	or a firearms certificate turned down, or revoked? YES/NO
If YES please explain why	
Have you been a member of any ot	her shooting organization within the last three years? YES/NO
If YES please give information	
Have you held any position of resp	onsibility within any clubs? YES/NO
Do you possess a FAC? If so, Num	berExpiry Date
Issuing Force	
Type of Firearms Rimfire Yes /	No Full Bore Rifle: Yes / No Black Powder Firearms Yes / No
Name of 1st Referee	Name of 2 nd Referee
Rules, and I agree to abide by all it am aware of the peculiarities of SSO	tained in this application is correct, and that I have read the Club Constitution and is rulings. If I already hold an FAC/NRA Shooters card, I am further stating that I C Range Facility. It is also my responsibility to contact the Club Secretary to ensure rise rules, and to ensure he has seen my FAC and NRA card to ensure compliance.
Applicant's Signature	(Guardian if under 18) Date
Committee Signatures 1	

FEES – Please check with Secretary for current rates. Not liable until becoming a full Member.

Home office approved clubs must inform the Police immediately of all applications for club membership, upon gaining full membership and upon leaving the club.

<u>Please complete and return to:</u>
The Club Secretary, Fell Yeat, Frost Row Lane, Frost Row, Sedbergh, LA10 5JU

Email: info@sedbergh-shooting-club.com