

AMBER VALLEY SHOOTING CLUB APPLICATION FORM

(PLEASE USE CAPITAL LETTERS WHEN COMPLETING THIS FORM)

I WISH TO RENEW MY/APPLY FOR MEMBERSHIP

1. Full Name:

2. Date of Birth:

3. Email Address:

4. Address:

5. Telephone Number (inc STD Code):

6. Mobile Number:

7. Please give details of any previous address' within the last 5 years

8. Occupation:

9. Place of employment and telephone number:

10. Shotgun certificate number:

11. Do you have a firearms certificate? If so give number:

12. Have you ever had an application for a shotgun certificate refused? If so state why?

The above information will be treated in the strictest confidence.

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13. Please give the name, address, telephone number and occupation of a person of good standing who would give you a reference:

14. Are you or have you been a member of another shooting club? Give details and telephone number

15. Have you any mental defect or infirmity, suffered or are suffering from fits or epilepsy? If so give details

16. Have you ever been convicted or suspected of assault, abuse of a child, or vulnerable adult. If so give details and dates

17. Proposer of new member
(A member of the club)

18. I declare that the above statements are true and have read the club protocols published on www.avshooting.co.uk. I agree to abide by the club rules.

Signature:

Date:

The above information will be treated in the strictest confidence.