

BURY RIFLE CLUB

APPLICATION FOR PROBATIONARY MEMBERSHIP

SURNAME TITLE DATE of BIRTH

FORENAMES

TEL Nos. HOME: BUSINESS: MOB:

E-MAIL:

ADDRESS IN FULL

..... POSTCODE

How long have you lived at the above address?

If less than 1 year, state previous address

..... POSTCODE

Do you hold a current Firearms Certificate? YES / NO If yes, please state: FAC Number

Issuing Authority

Expiry Date

Have you ever had an application for a firearm or shotgun certificate refused or had a certificate revoked? YES / NO

If YES, please give details:

.....

Are you a current member of another shooting club or association? YES / NO

If yes, give name of club

Give details of any previous shooting experience

.....

.....

DECLARATION

I certify that the information given by me on this form is correct. I understand that should any statement given by me here be subsequently found to be incorrect or misleading, my membership may be summarily terminated without refund of fees.

I hereby apply for probationary membership of Bury Rifle Club, and I agree to abide by the constitution and rules of the club at any time in force.

I know of no reason why I should not legally have access to firearms and/or ammunition, due to a custodial sentence under the terms of Section 21, Firearms Act 1968 (as amended), or for any other reason.

Signature of Applicant: Date:

SPONSORSHIP OF APPLICANT

The applicant must be sponsored by one current full member of Bury Rifle Club and by one other person over 18 years of age and of good standing who has known the applicant well for at least 1 year and is willing to testify as to his / her character. In the case of applications for Junior Membership, the second sponsor should normally be a parent or guardian.

Full Member: I have met the applicant and agree to sponsor this application to become a probationary member of Bury Rifle Club.

Name: Signature: Date:

Second Sponsor: I have known the applicant personally for years in the capacity of

..... and know of no reason why he / she should not be allowed access to firearms and ammunition.

Name: Signature: Date:

Address:

..... POSTCODE