

Membership Application Form For 1st Jan - 31st Dec **2024**



Name _____

Address _____

County _____ Postcode _____

Contact No _____

Email** _____ ** optional

Shotgun Cert S/N # _____ EXP _____

Or NON or APPLIED FOR

Application Type **Renewal / New**

Date Of Birth* _____
 *If under 18 years old /D /M /Y.....

SGC Photocopy
You must provide a copy of your SGC if :
You are an existing member who renewed their SGC in 2023
You are a new member

DECLARATION

By signing this form you agree to those points listed below and to abide by the clubs policies in place at the time of attendance.

I certify that I am not prohibited from possessing firearms or ammunition under Section 21 of the Firearms Act 1968 as amended.

I agree that I have been warned that ear and eye protection must be worn at all times in the vicinity of all firing points while shooting is in progress and shall not hold the Club or any of it's officials responsible for any damage to my hearing or eyes as a result of non-compliance with this safety procedure.

I understand that Marne clay shooting is strictly FIBRE WAD ONLY.

I agree to remain within the defined boundaries at all times and not interfere with any club equipment.

All weapons will be unloaded and broken/sheathed or show safe markers at all times unless within a firing point.

It remains the right of the Club / Ground to ask any client to leave without reason.

I have read and understood the privacy policy of the club displayed in the club house.

SIGNED _____ *Parent or guardian if under 16 years old **DATE** _____

Admin Only	
Date Processed _____	Member Number _____
Checked By _____	