

Membership No:

Probationary Membership Application

You must attach two passport-size photographs, pay an application fee and prove your identity before this application can be considered.

Personal details (in BLOCK capitals, please)

(Mr/Mrs/Miss/Ms)	All	forenames	<input type="text"/>	Surname	<input type="text"/>
Address <input type="text"/>					
<input type="text"/>					
<input type="text"/>					
Postcode				<input type="text"/>	
Daytime telephone number			<input type="text"/>		
Evening telephone number			<input type="text"/>		
Mobile			<input type="text"/>		
Email address <input type="text"/>					
Date of birth <input type="text"/>					

Firearm Certificate details

Are you a holder?	Yes	<input type="checkbox"/>	If 'yes':	Certificate number	<input type="text"/>
	No	<input type="checkbox"/>		Issuing authority	<input type="text"/>
				Expiry date	<input type="text"/>

Shooting Disciplines I am interested in shooting...

Air rifle	<input type="checkbox"/>	Air pistol	<input type="checkbox"/>	Fullbore rifle	<input type="checkbox"/>
.22 prone	<input type="checkbox"/>	.22 3P	<input type="checkbox"/>	Sports rifle	<input type="checkbox"/>

Current and previous shooting experience

Year(s)	<input type="text"/>	Clu	<input type="text"/>	Disciplines	<input type="text"/>
		b			
Year(s)	<input type="text"/>	Clu	<input type="text"/>	Disciplines	<input type="text"/>
		b			
Other experience <input type="text"/>					

Medical conditions that may affect fitness to shoot safely (e.g., epilepsy, limb disorders - list or enter 'None')

Declaration I have read and understood the Club membership leaflet and the general safety rules. I agree to abide by the Club's rules and follow its constitution. I declare that the above details are correct and that there is no reason under Section 21 of the Firearms Act 1968 known to me, medical or otherwise (e.g., having served a term of imprisonment), that would prevent me from handling a firearms and/or ammunition. I have never had a firearms or shotgun certificate revoked. I accept that the Club may hold these details but they are subject to the Data Protection Act. If, after serving a probationary membership period (usually at least 6 months), I accept full membership, I will ensure that I have appropriate third party insurance cover at all times. **I understand that Surrey Police Firearms Section will be notified of this probationary membership application, in accordance with Home Office guidelines.**

Signed (By parent or guardian of under 18 years) **Date**

You need to be sponsored by a current full member of Chobham & District Rifle Club

Sponsor

Print name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
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FOR OFFICIAL USE:

Photographs

2 passport size attached Tick
Accepted/Rejected by Committee

Application Fee

Cheque attached or cash paid £

Date	<input type="text"/>	Chairman's signature	<input type="text"/>	Secretary's signature	<input type="text"/>
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Identification seen

eg Passport Initial/date