

THE BATLEY AND DISTRICT GUN CLUB

FOUNDED 1961

President – Mr. A. Benson

Chairman – Mr. P. Robinson

APPLICATION FORM FOR MEMBERSHIP

[PLEASE COMPLETE IN CAPITALS]

NAMES

Forename(s): _____ Surname: _____

ADDRESS

House Name/No. _____

Street or Road: _____

Town: _____ County: _____

Postcode: _____

Home Phone Number: _____ Mobile Phone Number: _____

E-mail Address: _____

Shotgun Certificate Number: _____

Shotgun Certificate Valid From: _____ Shotgun Certificate Expiry: _____

I am in the process of applying for a shotgun certificate YES/NO: _____

Have you ever been a member of "Batley & District Gun Club Before? YES/NO: _____

If so, please state year: _____

Please state Gender: _____

Age

Age at time of signing form (years): _____ Date of Birth (DD/MM/YYYY): _____

APPLICANTS UNDER 18 YEARS OF AGE

Insurance Cover for Colts (Between 10 – 18 Years of Age)

We recommend that all persons between 10 and 18 years of age, wishing to join this club, also join the CPSA (Clay Pigeon Shooting Association) Clubman Scheme which offers specific insurance cover for those engaging in the sport. They can be contacted at - www.cpsa.co.uk

I (PARENT - Print name in full): _____ Have read all sections of this application form.

Continued Overleaf.....

THE COMMITTEE RESERVE THE RIGHT TO REFUSE ANY APPLICATION OR REVOKE MEMBERSHIP. NO REASON HAS TO BE PROVIDED FOR ANY SUCH ACTIONS.

THIS APPLICATION FORM IS TO BE PROPOSED AND SECONDED BY EXISTING CLUB MEMBERS.

IT IS A CONDITION OF MEMBERSHIP THAT BATLEY & DISTRICT GUN CLUB SHALL NOT BE HELD LIABLE FOR ANY ACCIDENTS, INJURY, DAMAGE OR MIS-ADVENTURE INCURRED BY MEMBERS OR VISITORS TO THE ORGANISED SHOOT.

TAKING PART IS ENTIRELY AT YOUR OWN RISK.

MEMBERSHIP IS VALID FOR UNTIL THE ANNUAL GENERAL MEETING (AGM). FOLLOWING THE AGM, MEMBERSHIP BECOMES DUE FOR RENEWAL. A ONE MONTH PERIOD OF GRACE WILL BE PERMITTED FOR MEMBERS TO PAY SUBSCRIPTIONS TO THE CLUB SECRETARY.

THE CLUB RECOMMENDS THE USE OF HEAD, EYE AND HEARING PROTECTION – THIS IS COMPULSORY FOR PERSONS UNDER 18 YEARS OF AGE.

PERSONS UNDER 18 YEARS OF AGE MUST SHOOT UNDER SUPERVISION BY A PERSON EXPERIENCED IN THE SPORT OF CLAY PIGEON SHOOTING AND THE HANDLING OF A FIREARM.

DECLARATION

I DO NOT have any criminal convictions which may influence the acceptance of my membership application.

THE INFORMATION THAT I HAVE PROVIDED IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. PROVIDING FALSE INFORMATION WILL LEAD TO INSTANT REFUSAL OF MEMBERSHIP.

I (SIGN NAME): _____ HEREBY AGREE TO ABIDE BY THE CLUB RULES AND FULLY ACCEPT THAT COMMITTEE DECISIONS ARE FINAL.

PROPOSED BY: _____ SECONDED BY: _____

APPROVED BY

CLUB SECRETARY: _____ CLUB CHAIRMAN: _____