

Monmouth & District Rifle Club (MDRC)

APPLICATION FOR MEMBERSHIP 2019

All applications must be accompanied with the appropriate membership fees and joining fee (if applicable).
No joining fee for junior members and those under 25 and in full time education.

Failure to complete questions truthfully could result in membership being refused and/or later revoked.

The club is obliged to inform the police of certain information contained in this form before the start of your probationary period.

The committee reserve the right to refuse this application without giving reason.

Full Name _____

Address _____

County _____

Post Code _____

Home telephone number _____

Mobile telephone number _____

Work/other telephone number _____

E mail address _____

Date of Birth _____

Are you under 18 years of age or under 25 and in full-time education? YES/NO

Are you a member of another Home Office Approved Club? YES/NO

If yes, name of club _____

Period of membership _____

Reason for leaving _____

Name and contact details of club secretary _____

Have you ever been refused or had membership of another Home Office Club revoked
in the last 5 years? YES/NO

If yes, please give details _____

Do you hold a current Firearms Certificate? YES/NO

Certificate Number _____ Issuing Authority _____

Expiry Date _____

Do you hold a current Shotgun Certificate? YES/NO

Certificate Number _____ Issuing Authority _____

Expiry Date _____

Name of sponsoring Club Member _____

Are you currently a member of the NRA? YES/NO

HAVE YOU EVER BEEN REFUSED A FIREARM OR SHOTGUN CERTIFICATE, OR HELD ONE AND HAD IT REVOKED? YES/NO

If yes, please give details _____

DISABILITY

We as a club need to record details of members that would be classed as having a disability as defined by the Equality Act 2010. This will give us funding opportunities for the future and show we are open to all.

A person has a disability for the purposes of the Act if he or she has a physical or mental impairment and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. e.g. arthritis, chronic pain, chronic fatigue, sensory loss etc. Long term means the condition has been present for 12 months or more, a recurring condition would be classed as long term.

Are you classed as having a disability? Yes/No/Rather not say

DECLARATION

I am not prohibited from possessing a firearm or ammunition under section 21 of The Firearms Act 1968. I certify that the above information is correct to the best of my knowledge and if application is accepted, I always agree to abide by the rules and constitution of Monmouth and District Rifle Club.

I give my permission to MDRC to pass my details to club officials, who may need to contact me regarding this application or any matter relating to MDRC.

Name _____ Signature _____

Dated _____

Club use only

Induction date _____

Secretary's Actions

Application received on _____

Payment received on _____

Police notified of application _____

Added to membership list _____

Added to circulation list _____

Date for consideration for full membership following completion of probationary period

_____ Approved by committee _____

Notes