Monmouth & District Rifle Club (MDRC)

APPLICATION FOR MEMBERSHIP 2020

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.

Please also provide a passport sized photograph (digital is recommended) and proof of identity (passport/driving licence/FAC/SGC) and recent proof of address (utility bill/bank statement etc)

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 (if applicable)

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

**CONVICTIONS**

We as a club need to assess the suitability of any member to use and/or possess a firearm. As you are aware, the police will also check with any firearms certificate application.

Have you been convicted of any offence (including speeding but not including parking offences or fixed penalty notices) or received a written caution?

**Yes / No**

If yes, give details of all convictions and/or formal written police cautions, bindovers and spent convictions, including those received outside Great Britain. Please provide dates and offence:

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**MEDICAL INFORMATION**

You must disclose any relevant physical or mental health conditions that you have been

* diagnosed with or treated for in the past as this may affect your ability to safely possess and use a firearm or shotgun. Relevant medical conditions which must be disclosed are Acute Stress Reaction or an acute reaction to the stress caused by a trauma
* Suicidal thoughts or self harm
* Depression or anxiety
* Dementia
* Mania, bipolar disorder or a psychotic illness
* A personality disorder
* A neurological condition: for example, Multiple Sclerosis, Parkinson’s or Huntington’s
* diseases, or epilepsy
* Alcohol or drug abuse
* Any other mental or physical condition which might affect your safe possession of a firearm or shotgun

Based on the above, do you have a relevant medical condition? **YES/NO**

If you have disclosed a relevant medical condition, and do not possess a current FAC/SGC, then you may want to provide a report in support of your application. This is however not mandatory. Any information provided will remain in the strictest confidence and will be used solely for the purpose of assessing your suitability for membership.

You are expected to inform the club if, during your membership, you are diagnosed with or treated for a relevant medical condition while your membership remains valid.

**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. We strive to be open for 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 confirm that I shall notify the club immediately of any changes to the above information and that these changes may affect my continued membership of MDRC.

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**