



Chichester Rifle and Pistol Club

The Range, Wellington Road, Chichester PO19 6BB
www.chichesterrifleclub.co.uk



MEMBERSHIP APPLICATION FORM

(Please complete in block capitals)

Full name: _____ Title: _____

Home Address: _____

Postcode: _____ Landline: _____ Mobile: _____

Email: _____ Date & place of birth: _____

• How long have you lived at the above address? _____ years
If less than one year please give your previous address: _____
_____ Postcode: _____

• Please estimate your shooting experience **BEGINNER / INTERMEDIATE / EXPERIENCED**
• Are you interested in **SMALL-BORE PRONE / BENCHREST / AIR WEAPONS / FULL-BORE**
• Are you a current member of a Rifle or Pistol Club? **YES / NO**
If YES, which Club will be nominated as your primary club? _____
If NO, ave you ever been a member of a Rifle or Pistol Club? **YES / NO**

• If the answer to either of the above is yes, please give dates and name and address of Club as we will need to contact the Secretary for a reference:
Club Name: _____
Address: _____
Postcode _____

• Are you a NSRA member? **YES / NO** Mem. No. and category: _____
• Are you a NRA member? **YES / NO** Mem. No. and category: _____
• Are you a firearm or shotgun certificate holder? **YES / NO**
If yes, certificate number & issuing authority: _____
Details of firearms & shotguns held: _____

• Have you ever been refused a firearm or shotgun certificate, or had one revoked? **YES / NO**
• Do you know of any reason(s) why you might be refused access to firearms? **YES / NO**
If the answer to either of the above is YES, please give reason(s): _____

Continued..

- If you know any full members of Chichester Rifle Club, please give their names:

- Please give two referees who have known you for at least 5 years, are not related to you and who the Club may contact to obtain a personal character reference:

Referee 1 Name: _____ Phone: _____

Home Address: _____

Postcode: _____ email: _____

Referee 2 Name: _____ Phone: _____

Home Address: _____

Postcode: _____ email: _____

I certify that the above information is correct to the best of my knowledge and, if my application is accepted, agree to abide by the rules and regulations of the Club at all times.

Signed by applicant: _____ **Date:** _____

If under 18, signature of parent or guardian: _____ **Date:** _____

Note: Any member can have their membership terminated at any time for misuse of the Club, its furnishings or equipment, for shooting at objects other than official targets or for shooting air weapons, firearms or ammunition that do not match club specifications. The Club Committee reserves the right to refuse membership and is under no obligation to give reasons, nor do applicants have the right of appeal.

PLEASE RETURN THIS FORM TOGETHER WITH THE SECTION 21, AND GDPR DECLARATIONS TO THE DUTY RO OR TO THE MEMBERSHIP SECRETARY

For Office Use Only

Application Received Date: _____ *Received By:* _____

Forms Received (tick): Section 21 _____ *GDPR* _____

Probationary Fee Due: £ _____ **PAID TO RCO / WILL PAY LATER***

Payment Method (tick): Cash _____ *Cheque* _____ *Bank Transfer* _____

JUNIOR / ADULT * Provisional membership **APPROVED / REFUSED*** *Date:* _____

Red Card Issued by: _____ *Date:* _____

* Delete as appropriate