

WENDOVER RIFLE CLUB

APPLICATION FOR MEMBERSHIP

Name.....Date of Birth.....Telephone No.....

E-mail.....

Address.....
.....Post Code.....

Employers Name.....

Employers Address.....
.....

Details of membership of other shooting clubs.....

Secretary's name, address and telephone number.....
.....

Have you shot: 25yds.....50yds.....50m.....100yds.....Prone..... Standing.....Kneeling.....
Pistol.....Other (Please state).....

Firearm Certificate No.....Issuing Police Force.....Renewal Date.....

**IT IS A HOME OFFICE REQUIREMENT THAT ALL MEMBERS OF A RIFLE CLUB
MAKE THE FOLLOWING DECLARATIONS:**

**HAVE YOU EVER HAD AN APPLICATION FOR A FIREARMS LICENCE OR
SHOTGUN CERTIFICATE REFUSED OR REVOKED BY THE POLICE?**

PLEASE ANSWER YES OR NO.....

**ARE YOU PROHIBITED FROM POSSESSING A FIREARM OR AMMUNITION BY
VIRTUE OF SECTION 21 OF THE FIREARMS ACT 1968?**

PLEASE ANSWER YES OR NO.....

Names and address of two referees (not relatives)

1.....

2.....

Signature.....Date.....

Signature of Parent/Guardian (Juniors).....Date.....

Signature of Club Sponsor.....Date.....

Committee recommendations:

Proposed by.....

Seconded by.....

Points for consideration:

Attendance record.....

Attitude to safety.....

General attitude.....

Progress.....

Club support.....

Other considerations.....

NAME.....HAS/HAS NOT BEEN GRANTED MEMBERSHIP OF WRC

THIS APPLICATION MUST BE DELIVERED TO THE CLUB HOUSE