



SOUTHAMPTON ARMS SHOOTING SOCIETY

MEMBERSHIP APPLICATION/RENEWAL FORM

| | | | |
|-------------------------------------|-------|----------------|--|
| Full Name: | | Telephone No: | |
| Address: | | Mobile No: | |
| | | Male/Female | |
| | | Date of Birth | |
| Postcode: | | Occupation: | |
| Email: | | | |
| Shotgun License No. (if applicable) | | Expiry Date: | |
| How long have you been shooting | Years | Introduced By: | |

| | |
|--|--|
| Member of other Shooting Organisations (please give details) | Member of other Shooting Clubs (please give details) |
| 1) _____ | 1) _____ |
| 2) _____ | 2) _____ |
| 3) _____ | 3) _____ |

| | | | |
|---|--|---|--|
| Have you ever been refused a Shotgun License? | | Do you know or are you aware of any other information which may prejudice your application? | |
| Do you suffer from any medical conditions which may influence the committee with regard to your membership? | | Have you ever been convicted of a criminal offence within the last 5 years? | |
| Would you be prepared to be a Committee Member? | | | |

For any questions answered yes above, please give details below:

Members Registered Shotgun Details as specified on Member's Shotgun Certificate. Please use reverse if more than 3 shotguns:

| Shotgun No.1 | | | | Shotgun No.2 | | | | Shotgun No.3 | | | |
|--------------|-----|-----|------|--------------|-----|-----|------|--------------|-----|-----|------|
| Make: | | | | Make: | | | | Make: | | | |
| Model: | | | | Model: | | | | Model: | | | |
| Serial No: | | | | Serial No: | | | | Serial No: | | | |
| Gauge: | O/U | S/S | Semi | Gauge: | O/U | S/S | Semi | Gauge: | O/U | S/S | Semi |

DECLARATION

"I hereby make application to renew my membership to the Southampton Arms Shooting Society. I can confirm that I have reviewed the information above and have amended any incorrect or non-up-to-date information. In application for this renewal I shall continue to abide fully with the rules and constitution of the Society. I undertake to ensure that I am appropriately insured for the sport and additionally agree to inform the Society secretary of any changes to the above information."

Signature: _____ Date: _____

DISCLAIMER

Clay pigeon shooting can involve individuals being accidentally hurt e.g. falling broken clays, etc. We draw this to your attention and urge all members to wear suitable clothing, ear defence and protective glasses whilst on shooting grounds as the society cannot be held responsible for any loss or injury which may occur.

OFFICIAL USE ONLY

| | | | |
|---------------------------|--------------------------|------------------------------|---------------------------|
| Membership Number: | | _____ | |
| Approved By | | Fees | |
| Name: _____ | Signed: _____ | <u>Date Paid</u> | <u>Expiry Date</u> |
| Position: _____ | Date: ____ / ____ / ____ | One Off Joining Fee: £25 | ____ / ____ / ____ N/A |
| | | Annual Subscription: £25/£15 | ____ / ____ / ____ / ____ |
| Name: _____ | Signed: _____ | | |
| Position: _____ | Date: ____ / ____ / ____ | | |