



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)

- 1)
- 2)
- 3)

Member of other Shooting Clubs (please give details)

- 1)
- 2)
- 3)

Have you ever been refused a Shotgun License?

Do you suffer from any medical conditions which may influence the committee with regard to your membership?

Would you be prepared to be a Committee Member?

Do you know or are you aware of any other information which may prejudice your application?

Have you ever been convicted of a criminal offence within the last 5 years?

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			
Make:			
Model:			
Serial No:			
Gauge:			
	O/U	S/S	Semi

Shotgun No.2			
Make:			
Model:			
Serial No:			
Gauge:			
	O/U	S/S	Semi

Shotgun No.3			
Make:			
Model:			
Serial No:			
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

Name: _____ Signed: _____
Position: _____ Date: ____/____/____

Name: _____ Signed: _____
Position: _____ Date: ____/____/____

Fees

	Date Paid	Expiry Date
One Off Joining Fee: £25	____/____/____	N/A
Annual Subscription: £35/£25	____/____/____	____/____/____