

BIRMINGHAM SHOOTING CENTRE (SOGC)

MEMBERSHIP RENEWAL FORM

N.R.A. Affiliation No 790

Notes: The Committee reserve the right to cancel membership at anytime without reason.

DETAILS. (Block Capitales)

Full Name:

Address:

Post Code:

MALE

FEMALE

Telephone Numbers Home:

Mobile:

E-MAIL Address:

Date of Birth:

Nationality:

Occupation:

Employer:

PLEASE COMPLETE. Have you ever been convicted of a criminal offence and served a term of imprisonment or detention of more than three months and less than three years? **YES () NO ()**. If yes please give details. If the term was more than three years you are prohibited from possessing a firearm or air weapon for life. **(Section 21(II) & (I) respectively Firearms Act 1968)**

Have you ever had an application for a firearm certification or a shotgun certificate refused by the police or been revoked? **YES () NO ()**

Have you ever suffered from a mental disorder? **YES () NO ()**

PLEASE COMPLETE: I hereby state that this statement is true and I agree to abide by The Club and the Firearms Act.

Type of Membership Required:

Signature:

Date:

Notes. The Club is managed by voluntary officers and is non-profit making. The Club exists to provide and promote interest in the safe use of firearm and to encourage competition and sport for all. Being affiliated to the NRA all members are eligible to compete at Bisley.

FOR OFFICIAL USE ONLY

Mem Number:

Ref Chk. () Probation

Fee Paid £

Received By:

Card Issue:

Photo Rec:

FAC Yes () NO ()

FAC No:

Type of Membership

Date Joined:

Card issue ()