

# *Isle of Wight Gun Club*

Affiliated to CPSA, BASC Members of ISLE OF WIGHT SPORT COUNCIL

## **MEMBERSHIP APPLICATION FORM**

Full Name:.....Tel No: .....

Address: .....

.....Postcode: .....

Occupation: ..... Introduced By: .....

Shotgun Licence No (if applicable) .....Expiry Date:.....

Have you ever had a Shotgun Licence Application refused, or a Licence revoked? **Yes / No**

(If yes, please explain the circumstances on a separate sheet of paper)

Have you ever been convicted of a criminal offence **Yes / No**

(If yes please give full details on a separate piece of paper)

Do you suffer from any medical conditions which may influence the committee with regard to your membership? **Yes/No**

(If yes, please give full details including the names of any medication currently being taken on a separate sheet of paper)

Do you know or are you aware of any other information which may prejudice your application? **Yes / No**

(If yes, please give full details on a separate piece of paper)

How long have you been shooting? .....

Are you a member of any other club/organisation? **Yes / No**

Please give details: .....

Are you prepared to join the committee and help run the club? **Yes / No**

Signature: .....

Date:.....

Please return the form to the club secretary

**CONDITIONS OF MEMBERSHIP**

1. The committee reserves the right to refuse Membership
2. Candidates must be interviewed by a panel of Committee Members
3. Membership is conditional upon a Three Month Probationary Period, during which the candidate MUST shoot with the Safety Officer, Club Coach or a Senior Committee Member on a minimum of 6 occasions.
4. It may be necessary for the committee to check Application Details, and it is a condition of Membership that candidates will reimburse the Club for any costs involved.
5. The rules of the club MUST be adhered to at all times
6. The committee reserves the right to refuse any application without giving reason
7. The committee reserves the right to withdraw membership

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**COMMITTEES REPORT**

Membership: Accepted / Rejected / Held Over

Date: .....

Committee's Comments:.....  
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Signatures of Committee Members:

President:..... Vice President:.....

Chairman: ..... Vice Chairman: .....

Secretary: ..... Treasurer: .....

Committee Member: .....

Two signatories required