

No: x 2 photos

KILLINGHOLME FULLBORE CLUB APPLICATION FOR MEMBERSHIP

**APPLICANTS MUST READ THE EXTRACT FROM THE FIREARMS ACT (PAGE 2) BEFORE COMPLETING THIS FORM
IN BLOCK CAPITALS**

SURNAME ----- FORENAMES -----

ADDRESS -----

----- POST CODE-----

DATE OF BIRTH ----- TELEPHONE NUMBER -----

FAX NO ----- E - MAIL -----

DO YOU HOLD ANY OF THE FOLLOWING:

1. FIREARM CERTIFICATE **YES/NO** NUMBER ----- ISSUED BY-----

DATE OF ISSUE -----

2. SHOTGUN CERTIFICATE **YES/NO** NUMBER ----- ISSUED BY-----

DATE OF ISSUE -----

HAVE YOU HANDLED FIREARMS BEFORE **YES/NO**

HAVE YOU BEEN REFUSED MEMBERSHIP OF ANY SHOOTING CLUB/S **YES/NO**

IF YES GIVE NAME OF CLUB/S, ADDRESS/ES AND CONTACT DETAIL

ARE YOU A MEMBER OF ANY OTHER HOME OFFICE APPROVED SHOOTING CLUB OR ORGANIZATION **YES/NO:**
IF YES, PLEASE GIVE DETAILS INCLUDING NAMES, ADDRESS & TELEPHONE NUMBERS OF CLUB SECRETARIES

GIVE THE NAME OF YOUR PRINCIPAL CLUB -----

NAME OF KILLINGHOLME MEMBER SPONSORING APPLICANT -----

SIGNATURE OF MEMBER ----- MEMBERSHIP NO -----

SIGNATURE OF APPLICANT ----- DATE -----

PROSPECTIVE MEMBERS MUST SIGN THE BELOW DECLARATION TO CONFIRM THAT THEY ARE NOT PROHIBITED FROM POSSESSING FIREARMS OR AMMUNITION .

I (FULL NAME) -----

OF THE ADDRESS STATED ON THIS APPLICATION DECLARE THAT I AM NOT PROHIBITED FROM POSSESSING FIREARMS OR AMMUNITION UNDER SECTION 21 OF THE FIREARMS ACT 1968. .

SIGNED ----- DATE -----

THE COMMITTEE RESERVE THE RIGHT TO REFUSE MEMBERSHIP.

EXTRACT FROM THE FIREARMS ACT4-3833 21.
POSSESSION OF FIREARMS BY PERSONS PREVIOUSLY CONVICTED OF CRIME

A PERSON WHO HAS BEEN SENTENCED TO CUSTODY FOR LIFE OR TO PREVENTIVE DETENTION, OR TO IMPRISONMENT OR TO CORRECTIVE TRAINING FOR A TERM OF THREE YEARS OR MORE (A) TO YOUTH CUSTODY FOR SUCH A TERM, OR WHO HAS BEEN SENTENCED TO BE DETAINED FOR SUCH A TERM IN A YOUNG OFFENDERS INSTITUTION IN SCOTLAND, SHALL NOT AT ANY TIME HAVE A FIREARM OR AMMUNITION IN HIS POSSESSION.

A PERSON WHO HAS BEEN SENTENCED TO BORSTAL TRAINING, TO CORRECTIVE TRAINING FOR LESS THAN THREE YEARS OR TO IMPRISONMENT FOR A TERM OF THREE MONTHS OR MORE BUT LESS THAN THREE YEARS OR TO YOUTH CUSTODY FOR SUCH A TERM OR WHO HAS BEEN SENTENCED TO BE DETAINED FOR SUCH A TERM IN A DETENTION CENTER OR IN A YOUNG OFFENDERS INSTITUTION IN SCOTLAND, SHALL NOT AT ANY TIME BEFORE THE EXPIRATION OF THE PERIOD OF FIVE YEARS FROM THE DATE OF HIS RELEASE HAVE A FIREARM OR AMMUNITION IN HIS POSSESSION.

NOTE

THIS FORM MUST BE COMPLETED AND RETURNED ON THE SECOND VISIT TO THE RANGE. PLEASE PROVIDE WITH THIS FORM TWO PASSPORT PHOTOS AND TWO REFRENCES FROM PERSONS OF GOOD CHARACTER, (NOT FAMILY MEMBERS) WHO HAVE KNOWN YOU FOR AT LEAST FIVE YEARS.

FOR CLUB USE ONLY

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|-----------------------------------|---------------------------------------|
| 1. DATE RECEIVED ----- | DATE CONSIDERED BY COMMITTEE ----- |
| 2. APPLICATION NOTIFIED TO POLICE | DATE SENT ----- |
| REPLY FROM POLICE IF APPLICABLE | DATE RECEIVED ----- |
| 3. ACCEPTED / REJECTED/ PROBATION | START DATE ----- COMPLETION DATE----- |
| SIGNED ON BEHALF OF COMMITTEE | (1) ----- |
| | (2) ----- |
| | (3) ----- |