

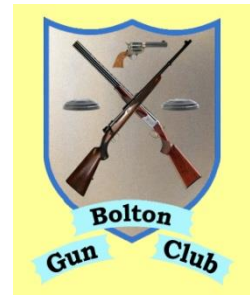
BOLTON GUN CLUB

Membership Application Form

Please print clearly in block capitals using black ink pen.

Please attach two recent passport size photographs.

Tick section required: CLAY () R&P () AIRGUN ()



Surname:Forenames:

Address:-

Number and Street Name:

Locality:

Postal Town:Post Code:

Tel No Home: Mobile:

Email address:@..... Occupation:

Date of Birth: Nationality: Place of Birth.....

Do you possess a current F.A.C / Shotgun Certificate Yes () No ()

If yes please give Certificate No(s):

Have you ever had an application for an F.A.C. or Shotgun Certificate refused, if so please give details:

.....
.....

Are you or have you at any time been a member of any Gun Club? Yes () No ()

If yes please give details including dates:

.....

Have you ever had a membership application or your membership of a Gun Club refused / cancelled?

Yes () No () If yes please give details:

.....
.....

Have you any convictions which may prevent an F.A.C / Shotgun Certificate from being issued?

Yes () No () If yes please give details:

.....
.....

I the undersigned do hereby declare that I am NOT prohibited from possessing a firearm or ammunition by virtue of Section 21 of the Firearms Act 1968

Signed:Print name:Date:

Proposed by:Club No:Date:

This section for Club use only

Accepted into Membership by the Club Committee on the:

Joining Fee Paid: £.....

Membership granted: Date: I.D card issued:

Membership Refused:Reason:

Section Subscription paid £.....

All F.A.C and Shot Gun Certificates MUST be produced for inspection by the Club Secretary or other nominated Committee Member/s and details recorded by them before any shooting will be allowed.

Copy to Greater Manchester Police Firearms Section. Date sent.....

Visit Attendance Register

Date:	Date:	Date:
Signed by:	Signed by:	Signed by:
Fee Paid £	Fee Paid £	Fee Paid £
Date:	Date:	Date:
Signed by:	Signed by:	Signed by:
Fee Paid £	Fee Paid £	Fee Paid £
Date:	Date:	Date:
Signed by:	Signed by:	Signed by:
Fee Paid £	Fee Paid £	Fee Paid £
Date:	Date:	Date:
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