Altrincham Rifle & Pistol Club

Application for Full Membership

PLEASE WRITE CLEARLY

Title	First name(s)					Last name					
Date of Birth						Place of birth (city/town)					
House number or street name/ Flat number			t			Town				Post Code	
name/ Flat	number										
Daytime phone Mobil		Mobile	bile phone			email address					
Disciplines (tick all that apply)			Target Rifle			Sporting Rifle Airgun					
Do you hold a current			Yes No			If yes state number:					
Firearms Certificate? Have you ever had an			Yes	No	If yes please give details:						
application for shotgun or						il yes picase give actails.					
firearms certificate refused ?											
1968 (ie have not served a prison term or had a suspended sentence > 3 months)* By signing this form I positively confirm that ARPC may hold & use personal data in line with the club's General Data Protection Regulation (GDPR) Privacy Policy (parent/guardian is signing to confirm for those under 18)											
Signed:								Date:			
The following section must be completed for applicants under the age of 18 at time of application											
I consent to the applicant becoming a junior member of Altrincham Rifle & Pistol Club											
Signature:					Ir	Indicate parent/guardian:					
Range Officer's Signature:					D	Date:					
Notes: Do not make any payment to the Range Officer. The Membership Secretary will contact you if your membership is approved and request the appropriate fee.											
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Ratified by ARPC Management Committee				D	D	M	M	Υ	Υ		

^{*}More information regarding details of section 21 of the Firearms Act is available at the club or online http://www.legislation.gov.uk/ukpga/1968/27 May 2018