

NORTHALL C.P.C



MEMBER INFORMATION

Name:		
Date of birth:	Phone:	Email:
Current address:		
City:	County:	Post Code:

MEMBER SHOOTING INFORMATION

*Do you hold a valid shotgun certificate?	Yes	No			
Shotgun Certificate No:					
*How many years experience shooting do you have?	Less than 1 Year	1-2 Years	2-5 Years	5-10 Years	10+ Years
Membership No:					

MEMBER 2 INFORMATION (IF JOINT MEMBERSHIP)

Name:					
Date of birth:	Phone:	Email:			
MEMBER 2 SHOOTING INFORMATION					
*Do you hold a valid shotgun certificate?	Yes	No			
Shotgun Certificate No:					
*How many years experience shooting do you have?	Less than 1 Year	1-2 Years	2-5 Years	5-10 Years	10+ Years
Membership No:					

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of spouse (<i>only if for a joint membership</i>):	Date:
Cost Of Membership (Admin Use)	£

*Multiple choice questions (please circle relevant answers)