



Bishop Auckland & District Gun Club Application for Probationary Membership

Attach Photo *

Surname.....* Forenames.....*

Maiden Name.....*

Address.....* Date of Birth.....*

.....* Place of Birth.....*

.....* Telephone No.....*

Post code.....* e-mail address.....*

*Required Information

Have you ever been a member of any other shooting club Yes / No

If yes, give details.

Have you ever had an application for the grant or renewal of a FAC or SGC refused or had a certificate revoked Yes / No

If Yes, give details.....

Do you have a current Firearms certificate or shotgun certificate Yes / No

If yes, list FAC and/or SGC

Referee - If you know a Club member, please give details, otherwise give details of someone who has known you for least one year.

Name..... Address

Section 21 Declaration I hereby confirm that the information provided above is accurate, and that I am not prohibited by virtue of section 21 of the firearms Act 1968 from possessing a firearm or ammunition. Section 21 of the Firearms Act applies to persons who have served a term of imprisonment or had a suspended sentence of 3 months or longer.

I agree to notify the committee in the event of any change of my circumstances.

I certify that I will not remove any ammunition from the range which has not been entered onto my firearms certificate, or which I do not have authority to possess.

General Data Protection Regulations The information you provide in this form will be used solely for dealing with you as a member of the Club. The club has a Data Protection Policy which is included in the Club Members Handbook. Your data will be processed in accordance with this Policy.

Lead Safety Guidance

Have you read & understood Bishop Auckland Gun Club document "Lead Safety" Yes / No

Club Rules

I certify that I have received, read and understood the Members Handbook and Club Rules, and that I agree to abide by the rules and the Constitution of the Club.

I have read, understood and agree with the Section 21 Declaration, the data protection regulations, the lead safety guidance and the Club rules listed above.

Signed..... Date.....

Total paid / received by.....

Sponsored By Full Member (Name / membership No)

Date.....

FAC / SGC Checked OR Two forms of ID

Membership Number.....

Signed on behalf of BAGC.....

1. Are you (or have you been) a member of any other clubs? (give details) – what did these clubs do well and what could have been improved?

2. Is there a specific reason why you have chosen to apply for membership of Bishop Auckland Gun Club?

3. Describe your shooting interests (vermin control, Deer Stalking, gallery rifle shooting, black powder, Fullbore, don't know / beginner)

4. Would you intend applying for a Firearms Certificate (please tick)

- Already have a FAC
- As soon as possible
- Within 1 year
- Not interested in obtaining own firearms certificate
- Personal circumstances preclude owning firearms (e.g. wife / partner not approving of guns, rented accommodation prohibits firearms storage).

5. Have you looked at our website? Was there anything that you particularly liked about it, or any improvements you think could be made?

6. If you are currently a shooter, are there any shooting skills that you think you need to improve?

7. Are you interested in attending any of the shoots that the Club runs outdoors (100m or 300&600m shoots)