

New Member Application Form.



Name _____

Address _____

Date of Birth _____ Nationality _____

Home Phone _____ Mobile No _____

Email Address _____

Proof of Identity is required. Please provide some official form of photographic identification e.g. driver's licence or valid passport

If you wish to receive text messages to the above mobile number for upcoming events, etc. tick here: []

Name of Garda Station that issued your Firearms Cert. _____

Have you ever had a Firearms License revoked: YES [] NO []

Have you ever had membership to a shooting club/association refused or terminated? YES [] NO []

Are you a member of any other shooting club/association? YES [] NO []

If YES, please give the name: _____

Do you hold a Firearm at present? YES [] NO []

If Yes which type .22 Rimfire [] Shotgun [] Please provide copies of valid licence/licences

Preferred Shooting Discipline Target Shooting [] Clay Target Shooting []

NAME OF EXISTING MEMBERS TO PROPOSE AND SECOND YOUR APPLICATION

Both parties must be current members of the Courtlough Shooting Grounds.

NAME OF PROPOSER _____ SECONDER NAME _____

MEMBERSHIP NO. _____ MEMBERSHIP NO. _____

Expiry DATE _____ Expiry DATE _____

SIGNATURE _____ SIGNATURE _____

Signature..... Date.....

Courtough Shooting Grounds will ensure an individual's right to privacy in accordance with the Data Protection Acts 1988 & 2003 and will only release such information to those who are legally entitled to have it i.e. An Garda Siochana