

New Member Application Form



PLEASE PRINT CLEARLY IN BLOCK CAPITALS

Name: _____ D.O.B. _____

Address: _____

Nationality: _____ Email Address: _____

Home Tel No. _____ Mobile No: _____

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

Type of Membership Required: Clay & Rifle (C&R) €425: ☐ Clay, Rifle & Pistol (Full) €675: ☐

Joint Clay & Rifle: €725: ☐ Joint Full: €1225: ☐

Junior/Student (Applicable from 14yrs up to 18 yrs, or up to 21 yrs where proof of full time education is provided): €200 ☐
(Please note that under 18's must be accompanied by a licensed and insured shooter at all times)

Pistol Associate Membership (must supply proof of membership of another gun club ANNUALLY): €325 ☐

Preferred Shooting Discipline(s): Tick any that apply: Clays ☐ Rifle ☐ Pistol ☐

- I understand that all memberships include Liability Insurance cover as standard: YES [☐]
- I understand that memberships run January to December regardless of starting date and are for no less than 12 months: YES [☐]
- I understand that it is my responsibility to keep my membership up to date, and memberships that have lapsed for 12 months or more will be subject to a rejoining fee: YES [☐]
- I understand that it is my responsibility to ensure that Courtlough has up to date contact details for me: YES [☐]
- I understand that it is my responsibility to ensure that I have read and understood all club range rules, and/or any future communications issued by the club whether by email, social media and/or the club notice board: YES [☐]
- I understand that any failure to abide by club rules may result in termination of my membership: YES [☐]
- I have attached current, valid photographic ID (e.g. passport or driving licence): YES [☐]

- Do you hold a Firearm at present: YES [☐] NO [☐] If yes, which type: Shotgun [☐] .22 Rifle [☐] .22 Pistol [☐]
- Name of Garda Station that issued your Firearms Certificate(s): _____
- Have you ever had a Firearms Licence Refused or Revoked: YES [☐] NO [☐]
- If so, please give details: _____
- Are you a member of any other Shooting club/Association: YES [☐] NO [☐] Name of Club: _____
- Have you ever had a membership to a shooting club/association refused or terminated: YES [☐] NO [☐]
- If so, please give details: _____

Signature: _____ Date: _____

ALL NEW MEMBERSHIPS REQUIRE 2 PROPOSERS –OR- CHARACTER REFEREES (must be over 18) who will be contacted to validate your application.

Name of 1st Proposer/Referee: _____ Name of 2nd Proposer/Referee: _____

Telephone Number: _____ Telephone Number: _____

Club Membership No (if applicable): _____ Club Membership No (if applicable): _____