

# Edinburgh University Rifle Club Membership Form 2010-11 Season

Please complete all sections of this form **legibly**, using **BLOCK CAPITALS**.

First Name: <input style="width: 100%;" type="text"/>	Date of Birth: <input style="width: 100%;" type="text" value=" / / 19"/>
Last Name: <input style="width: 100%;" type="text"/>	Gender (m/f): <input style="width: 100%;" type="text"/>
Term Address: <input style="width: 100%; height: 80px;" type="text"/>	Home Address (if different): <input style="width: 100%; height: 80px;" type="text"/>
Term Landline: <input style="width: 100%;" type="text"/>	Home Landline: <input style="width: 100%;" type="text"/>
Mobile Number: <input style="width: 100%;" type="text"/>	E-Mail address: <input style="width: 100%;" type="text"/>
<b>Matriculation No.</b> : <input style="width: 100%; border: 2px solid black;" type="text"/>	Year of Study (1st, 2nd, etc.): <input style="width: 100%;" type="text"/>
Course: <input style="width: 100%;" type="text"/>	Attached Passport Photo? <input type="checkbox"/>

Type of CSE Membership:     Full Academic Year                       CSE Semester Membership  
    CSE Off Peak Membership             Pay on Entry

Other Information: (tick anything that applies)

Individual NSRA Membership                      FAC No.: \_\_\_\_\_ (if applicable)  
 Holding a current Firearms Certificate            Issuing Force: \_\_\_\_\_ (if applicable)

**Type of Membership Desired:**     Full Academic Year (to August 2011)    £40 (full year)  
 Semester 1 only (Sept 10 - Jan 11)     Semester 2 only (Jan-Aug 2011)    £25 (per Semester)  
 Air Disciplines Only (Sept 10 - Aug 11)                      £15 (Air Disciplines)

I have read and understood the safety regulations laid down by the Edinburgh University Rifle Club, and I agree to abide by them at all times.

I agree to any data provided on this form to be used by Edinburgh University Rifle Club and Edinburgh University Sports Union. This data will only be shared with external bodies where legally required.

I declare that I have no medical conditions that would make it unsafe for me to engage in target shooting. (Any concerns should be raised with the President or Secretary. Any such information will be held in strict confidentiality)

I declare that I am not prohibited from possessing a firearm or ammunition by virtue of Section 21 of the Firearms Act 1988.

Signature                       Date:

Furthermore, I have no objections to the police carrying out requisite vetting checks to establish these details.

Signature                       Date:

For official Use:	(initial & date)
Membership Number:	Membership Paid: <input type="checkbox"/>
	Matriculation Confirmed: <input type="checkbox"/>