

**Bishops Mountain Shooting Club
Membership Application**

Applicant Information

Name:	
Date of Birth:	/ /
Address:	
County:	
Phone:	
Mobile	
E-mail	

History

How long have you owned a gun?		Years
Do you have a valid License for each gun?		<i>Checked</i>
Membership level	Full Junior Charity	Joint Family Fee Paid €.....

Spouse Information, if joint membership

Name:	
Date of Birth:	/ /

Emergency Contact

Name:	
Address: (if not same as above)	
Phone	
Mobile	
Relationship:	

References (by an existing member or a Director of the Club)

Name:	Members club number	Date

I have read the Bishops Mountain Shooting club Constitution and Rules and agree to abide by them in full.

Signature of Applicant:	Date:
Signature of Spouse, (if joint membership):	Date:

For office use:	
Membership approved by	Date:
Membership fee paid	
Membership number	