



Magna Gun Club membership Application Form

Forename(s): _____

Surname: _____

Occupation: _____

Address: _____

Phone: _____

Email: _____

Date of Birth: _____

Please Use Glue
or Tape To Attach
One Photograph
Here

If any of the following questions are yes, provide details on a separate sheet of paper and staple it to this application.

- | | | |
|----|---|--------|
| 1. | Are you a member of any type of gun club? | YES/NO |
| 2. | Have you ever been a member of any such club? | YES/NO |
| 3. | Are you a Firearms Certificate holder? | YES/NO |
| 4. | Have you ever been refused OR had membership revoked of any gun club? | YES/NO |
| 5. | Do you have any criminal convictions? | YES/NO |
| 6. | Is there any reason why you might have problems with safe handling of firearms? | YES/NO |
| 7. | Do you have any experience with respect to firearms (if YES give details)? | YES/NO |

I have answered all the above questions correctly and wish to become a member of MAGNA GUN CLUB. I agree to be bound by the club rules. I understand that my membership can be terminated by the committee without reasons being given, and such decision is final.

Signed: _____

Date: _____

These details will be treated as confidential and are required for the club records. Do you have any objections to your personal details being held on computer ? YES/NO. Please securely attach one passport size photograph to the space above and clip a second to this form.

HOME OFFICE APPROVED, AFFILIATED TO THE N.R.A.