

# Kaitoke Pistol Club

P.O.Box 40553

Upper Hutt

## Membership Application Form

<b>Surname:</b>	<b>First Name(s):</b>	<b>Date of Birth:</b>
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Only your name is required if renewing your membership, along with any changed contact details

<b>Residential Address:</b>	<b>Telephone Home/Work</b>
	<b>Email</b>
<b>Postal Address (if different)</b>	<b>Firearms Licence No:</b>
	<b>Licence Type A B C D E</b> (circle one or more)

<b>Who should be contacted in an emergency. NAME:</b>
<b>Address / Phone</b>

**Shooting Experience:**

**Membership of Firearms or Associated Clubs:**

<b>Medical</b>
Please list any medical condition you suffer from which the Range Officer should be made aware of.(ie Deafness, Epilepsy, Diabeties etc.)

<b>Character Referees</b>				
Please provide two Character Referees with one being a current firearms licence holder,				
	<b>Name</b>	<b>Relationship</b>	<b>Address</b>	<b>Phone</b>
<b>1</b>				
<b>2</b>				
<b>Note: if you are under 18 years one referee must be a parent or guardian</b>				

Do you have any particular aspect of pistol shooting you are interested in

Have you ever had membership of another shooting club or organisation declined or cancelled, if yes please provide details:

Do you believe there is anything that the committee should know, that could adversely affect your membership application:

Please note: All of the above information is confidential and will only be used by the club committee for club purposes.

I confirm that all the above information is true and correct.

Signature

Date