WESSEX BIATHLON & NORDIC SKI CLUB

secretary@wessexbiathlon.org

www.wessexbiathlon.org

MEMBERSHIP APPLICATION FORM

Please print clearly your details in ink, leave blank any section you are unsure about and contact the secretary.

I wish to apply for: ANNUAL / JUNIOR / FAMILY / ASSOCIATE MEMBERSHIP With Full Biathlon (shooting) / Summer Biathlon & Skiing (air rifle only) status and enclose the relevant subscription. (Delete as appropriate)

Forenames:		Surname:	
Date of Birth:		ationality:	
Home Address:			
		Post code:	
Tel. No. Home:		el No. Work:	
Tel. No. Mobile:		Email:	
Profession or Occup	pation:		
Names of clubs etc.	for skiing or shooting wi	th firearms of which you are a member:	
Details of service in	Armed Forces or Police		
FAC No.:	Issued by:	Expires:	
SGC No.:	Issued by:	Expires:	
Proposer:			
Seconder:			
elected undertake to all contravene Section 21 I have/have not* had a Signed:		SGC refused or revoked.	
* Delete as appropriate	r-sign if under 16 years of age.		
Signed: Section 21of the Firearms (A)	Print Name:	Date: ts anyone convicted of a serious criminal offence or having served a	

prison sentence from being granted a firearms certificate or becoming a member of a shooting club.

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Membership Questionnaire

Please complete this short questionnaire to enable the club to organise activities etc. to the best advantage of the membership.

How did you first hear about the club? :
Which club activities interest you? (e.g. Winter/Summer Biathlon, Cross Country/Telemark Skiing etc.):
Are there any activities/events you would like to see the club participate in? :
Do you have any relevant skiing or shooting qualifications and experience? :
Do you hold any current First Aid qualifications? :
Is there any particular way in which you feel you could help support activities/development of the club? :

(Please leave blank any sections not relevant or you are unsure about.)