

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:		Nationality:	
Home Address:			
			Post code:
Tel. No. Home:		Tel No. Work:	
Tel. No. Mobile:		Email:	
Profession or Occupation:			
Names of clubs etc. for skiing or shooting with 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:			

Declaration:

I, the undersigned wish to become a member of the Wessex Biathlon & Nordic Ski Club and if elected undertake to abide by the constitution, bylaws and rules of the club. I confirm that I do not contravene Section 21 of the Firearms Act (Amendment) 1997.

I have/have not* had an application for a FAC/SGC refused or revoked.

Signed: _____ Date: _____

* Delete as appropriate

Parent/Guardian to counter-sign if under 16 years of age.

Signed: _____ Print Name: _____ Date: _____

Section 21 of the Firearms (Amendment) Act essentially prohibits 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.)