

# THE ISLE OF MAN CLAY PIGEON SHOOTING CLUB



## Membership Application Form

|                 |  |                |  |
|-----------------|--|----------------|--|
| Surname:        |  | Forename(s):   |  |
| Address:        |  |                |  |
| Occupation:     |  | Date of Birth: |  |
| Employers Name: |  |                |  |
| Address:        |  |                |  |

I confirm that I hold a valid Isle of Man Regulated Weapons Certificate detailed as follows (see 4, 5, 6 and 8d below).

|                     |  |
|---------------------|--|
| Certificate Number: |  |
| Date Valid From:    |  |
| Date Valid To:      |  |

I hereby apply for membership of the Isle of Man Clay Pigeon Shooting Club ("the Club") and confirm and understand that:

1. The personal details given above are correct and I will notify both the Club Secretary and Club Treasurer immediately of any changes.
2. This application has to be approved by the Club Committee who has the right to refuse the same without reason being given.
3. I have never been convicted of any criminal offence (other than minor motoring offences), specifically any offence relating to firearms. I undertake to inform the Club Secretary of any future criminal convictions.
4. If I do not hold a valid Isle of Man Regulated Weapons Certificate I may only shoot a regulated weapon belonging to a club member on club premises or at events arranged by the Club under the direct supervision of that club member. I will follow his/her instructions at all times and that both he/she and I will be personally responsible for my actions whilst using that regulated weapon.
5. I will provide the Club with a photocopy of my Isle of Man Regulated Weapons Certificate.
6. I will notify the Club Secretary if for any reason my Isle of Man Regulated Weapon Certificate ceases to be valid.
7. I will abide by the rules of the Club.

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8. Should I be accepted as a member of the Club I understand and agree that I may at the discretion of the Club Committee be expelled from the Club for any of the following reasons:

a) Acting in a careless or dangerous manner with a gun or being under the influence of drink or drugs whilst in possession of a gun loaded or unloaded whether at a Clay Pigeon/Target Shoot organised by the Club or elsewhere.

b) Acting against or not in accordance with any rules made by the Club.

c) Using insulting or provoking words or behaviour or acting in a quarrelsome or disorderly manner towards any member or guest of the Club at a meeting or competition of any kind whatsoever or acting in any manner prejudicial to the good name of the Club.

d) Upon being found guilty of any criminal offence (excluding minor motoring offences) or if for any reason my Regulated Weapons Certificate is revoked or I am refused such certificate for any reason.

Applicants Signature: .....

Date: .....

In all cases the Proposer's Details (and in the case of junior applicants under 18 years of age the Parent's Consent Form) below must be completed.

## To be completed by the Proposer:

|  |  |              |  |
|--|--|--------------|--|
| Proposer's Surname:                        |  | Forename(s): |  |
| Address:                                   |  |              |  |
| Applicant's Full Name:                     |  |              |  |
| Number of years known to Proposer:         |  |              |  |
| Any other relevant information or comments |  |              |  |

I hereby confirm that:

1. I am a fully paid up member of the Isle of Man Clay Pigeon Shooting Club ("the Club")
2. I propose the above-mentioned applicant to be a member of the Club.
3. The applicant is in my opinion of good and responsible character and that I know of no reason why his/her application for membership should be refused, but I recognise the Committee's right to refuse the application without given reason.

Proposer's Signature: .....

Date: .....

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## Parents Consent Form (to be completed for applicants under 18 year's of age)

|                              |  |                                  |  |
|------------------------------|--|----------------------------------|--|
| Parent's/Guardian's Surname: |  | Parent's/Guardian's Forename(s): |  |
| Address:                     |  |                                  |  |
| Applicant's Full Name:       |  |                                  |  |

I hereby confirm that:

1. I am a parent/guardian of the applicant.
2. The applicant's family and I approve of the applicant's application for membership of the Club.
3. We understand and have told the applicant and will ensure that until he/she reaches 18 years of age he/she must either be accompanied by an adult known to us or by a member of the Club known to him/her.

Parent's/Guardian's  
Signature:

.....

Date:

.....