

North Walsham Rifle & Pistol Club

Happisburgh Road, North Walsham, Norfolk

Website: <http://www.nwRPC.co.uk>

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Application Form for Adult Probationary Membership

We are a small, friendly band of dedicated target shooters and we welcome enthusiastic and sensible people who wish to learn about and enjoy safe target shooting. We suggest that potential Probationary Members visit the Range a maximum of three visits to assess if they like the Club; then complete this form and also obtain two proposal signatures from existing members. Returning members must fill in an application form and place it in the membership secretary's pigeon hole before shooting at the club.

1. Personal details:

Name: _____

Address: _____

Postcode: _____

Home/Mobile Telephone number: _____

Date of Birth : _____

Place of Birth: _____

Occupation: _____

E-mail Address : _____ (Complete Clearly)

2. Experience: Previous shooting experience:

Previous or present membership of any other shooting clubs:

Name and addresses of these clubs: _____

3. Additional information: Reasons for joining NWRPC?

What are your shooting aspirations?

Please give the name, address and relationship of a suitable character referee that we may contact, (this should NOT be an immediate family member):

Do you hold at present, or have previously held, a firearm or shotgun certificate? : Yes / No

If Yes please give details, including numbers and issuing constabulary and guns allowed:

I.....hereby declare that I have never had a firearm or shotgun application refused or such certificate revoked. I also declare that I am not a person prohibited by virtue of Section 21 of the Firearms Act 1968.

Do you have any medical/mental conditions that may affect safety whilst shooting? : Yes / No

Are you registered as disabled? Yes / No

4. Proposal: Please ask two current Full Members of North Walsham Rifle and Pistol Club to propose your application.

Proposed by:

Member 1 - Name: _____ Signed:

Member 2 - Name: _____ Signed:

5. Declaration: I hereby apply for Membership of North Walsham Rifle and Pistol Club, (NWRPC), and agree to abide by the Club Constitution and Shooting/Safety Rules.

I agree that NWRPC may digitally maintain the details disclosed on this form and thus will be exempt from registering under the Data Protection Act. Signed: _____

The Committee require you to read the “Range Rules” in the club house and sign below to say you have read and understood them.

Signed: _____ Date : _____

NB: Please return this completed form and 2 passport size photographs together with your Probationary Membership Subscription (see fee details on website - www.nwrpc.co.uk - or at the club). Please make cheques payable to North Walsham Rifle & Pistol Club (we cannot accept postal orders). Send to the membership secretary (address details available at the club when you visit to have a chat and obtain your supporting member signatures).

Diversity data we collect about people applying to join our club

1. What is your sex? [Single Choice]

Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		

2. What is your gender? [Single Choice]

A Woman	<input type="checkbox"/>	A Man	<input type="checkbox"/>
Other or self-describe	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

3. Does your gender identity match your sex as registered at birth (or within 6 weeks)?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		

4. What is your ethnic group? [Single Choice]

A: White

British, English, Northern Irish, Scottish, or Welsh	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Gypsy or traveller	<input type="checkbox"/>
Other white background, please specify	<hr/>

B: Mixed or multiple ethnic groups?

White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Other mixed or multiple ethnic background, please specify	<hr/>

C: Asian or Asian British

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Filipino	<input type="checkbox"/>
Other Asian background please specify	<hr/>

D: Black, African, Caribbean, or Black British

Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Any other Black, African, or Caribbean background, please specify	<hr/>

E: Other ethnic group

Arab	<input type="checkbox"/>
Any other ethnic group, please specify	<hr/>

F: Prefer not to say

	<input type="checkbox"/>
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5: What is your religion or belief? [Single Choice]

No religion	<input type="checkbox"/>
Christian (including all denominations)	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Any other religion, please specify	<hr/>

6: Do you have any physical or mental health conditions or illness lasting or expected to last 12 months or more? [Single Choice]

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

7: Which of the following options best describe your sexual orientation? [Single Choice]

Bisexual	<input type="checkbox"/>
Gay or Lesbian	<input type="checkbox"/>
Heterosexual or Straight	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Other, please specify	<hr/>