

# Kidderminster Gun Club

Application for Membership

Date \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_

Joining Fee & Subscription - £25

Shotgun Certificate No. \_\_\_\_\_

Are you a member of any other club or clubs? YES / NO

If yes please give name(s) \_\_\_\_\_  
\_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_

**Signature of Proposer** \_\_\_\_\_

**Signature of Seconder** \_\_\_\_\_

Date Accepted \_\_\_\_\_ Membership No. \_\_\_\_\_

## **Safety**

As a responsible body, the committee would ask you to always wear eye, ear and head protection when shooting at Kidderminster Gun Club.