



## Application for Membership

Please complete this form in BLOCK CAPITALS and return to the Membership Secretary: Richard Wilson  
9 Carlisle Gardens, Chichester, West Sussex, PO19 5DH

Full name:		Occupation:	
Address:			
Post Code:		Tel: Home:	
Email:		Tel: Mobile:	
Date of birth:		Place of birth:	

*Note: If you have any previous names, or have lived at another address in the last five years please provide details in the additional information box overleaf*

Delete as appropriate – If you answer yes please provide details (additional space in box overleaf)

1	Are you now or have you been a member of any other shooting club or the NRA? <i>If yes give details:</i>	Yes	No
2	Have you ever been refused membership of any shooting club? <i>If yes give details:</i>	Yes	No
3	Do you suffer from any relevant medical conditions? (see list overleaf) <i>If yes give details:</i>	Yes	No
4	Have you ever been convicted of an offence other than minor traffic offence? <i>If yes give details:</i>	Yes	No
5	Do you now or have you ever had a firearms certificate (FAC)? <i>If yes give details:</i>	Yes	No
6	Have you ever been refused an FAC or had one revoked? <i>If yes give details:</i>	Yes	No
7	Are you prohibited by virtue of Section 21 of the Firearms Act 1968? (see note) <i>If yes give details:</i>	Yes	No

Please give details of two suitable persons who have agreed to act as a referee for you:

	Referee 1	Referee 2
Full Name:		
Address:		
Post Code:		
Telephone:		
Email:		

I note that Novio Magnum Rifle and Pistol club (NMRPC) is aware of my rights under the Data Protection Act 1968 and will retain my details in connection with this application.

I authorise NMRPC to obtain references to support the application and release the club and referees from liabilities caused by exchanging information.

By signing this form I certify that the information I have given is correct and I am not prohibited from possessing a firearm or ammunition by virtue of section 21 of the Firearms Act 1968

Sign:	
Print name:	

Date:

Additional Information

Notes:

### Medical information

You must disclose any physical or mental health conditions that may affect your ability to safely possess and use a firearm (including a shotgun).

Relevant medical conditions which must be disclosed include, for example:

- Acute stress reaction or an acute reaction to the stress caused by a trauma
- Suicidal thoughts or self-harm
- Depression or anxiety
- Dementia
- Mania, bipolar disorder or a psychotic illness
- A personality disorder
- A neurological condition e.g. epilepsy, Parkinson's disease or Multiple Sclerosis
- Alcohol or drug related abuse
- Any other condition, mental or physical, which might affect you

### Section 21 of the Firearms Act 1968

It is an offence for a person who is prohibited by Section 21 of the Firearms Act 1968 to have a firearm or ammunition in his/her possession at any time.

This section applies to any person who has been sentenced to imprisonment or to youth custody or detention in any young offender's institution for three months or more.

A person sentenced to a period between 3 months and 3 years is prohibited for 5 years from the date of release. A person sentenced to 3 years or more is prohibited for life.

### Referees

You should gain the permission of two people who have agreed to act as referees for you.

The referees who have agreed to act for you must have known you personally for at least two years and must be resident in Great Britain.

A referee must not be a member of your immediate family, must be of good character and any references they agree to provide must be given freely and not for payment.

