

# THE ISLE OF MAN CLAY PIGEON SHOOTING CLUB



## Membership Application Form

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

I confirm that I hold a valid Isle of Man Regulated Weapons Certificate detailed as follows (see notes 5, 6 ,7 and 10d below).

|                  |  |
|------------------|--|
| Permit 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 and confirm that:

1. The personal details given above are correct and I will notify the Club Secretary immediately of any changes.
2. If I am under 18 years of age I must ensure that my parent or guardian completes the details on page 3 of this form.
3. This application has to be approved by the Club Committee who has the right to refuse the application without reason being given.
4. 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.
5. I must inform the club on application for membership if I have ever had an application for or a renewal for a Regulated Weapons Certificate refused by the police. If I do not hold a valid Isle of Man Regulated Weapons Certificate I may only shoot a 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 understand that both the Club member and I will be personally responsible for my actions whilst using that weapon.

6. I will provide the Club with a copy of my Isle of Man Regulated Weapons Certificate.
7. I will notify the Club Secretary if my Isle of Man Regulated Weapons Certificate is revoked by the police or ceases to be valid for any reason.
8. I understand that upon being accepted as a member I will conform with the conditions contained in both the Constitution and the Rules of the Club. Copies of both documents are provided with this application form and by signing the form below I confirm that I have read and accepted the conditions of membership.
9. Should I be accepted as a member of the Club I understand that I will be on probation for 6 months and agree that my membership may be cancelled during this period if the Club Committee have due cause to do so.
10. My membership may be cancelled at any time at the discretion of the Club Committee 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 target shoot held on the Club grounds 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 a Certificate for any reason.

If I wish to appeal any decision made by the Club Committee it must be submitted in accordance with the Constitution of the Club, and that if the Club Committee has suspended my membership or permission to shoot on the range that restriction will stand until such appeal process is concluded.

I hereby confirm that I have received a copy of the Constitution and Rules of the Club and agree to comply with the conditions of membership.

Applicants Signature: .....

Date: .....

## Membership Application

### Parents Consent Form (to be completed for applicants under 18 years 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. I understand that I accept responsibility for the applicant and will accompany him/her at all times whilst he/she is shooting on the club ranges.

Parent's/Guardian's Signature: .....

Date: .....