



Tick the Membership Category that you would like to apply for:

Individual

Diplomats/Foreign Nations

Corporate

Honorary

Government Servants/Retired

Do you own a personal weapon?

Yes

No

If yes, please fill in the following details:

1. Weapon Types: \_\_\_\_\_

Caliber: \_\_\_\_\_

Make: \_\_\_\_\_

Licence No. \_\_\_\_\_

Date & Place of Issue: \_\_\_\_\_

3. Weapon Types: \_\_\_\_\_

Caliber: \_\_\_\_\_

Make: \_\_\_\_\_

Licence No. \_\_\_\_\_

Date & Place of Issue: \_\_\_\_\_

2. Weapon Types: \_\_\_\_\_

Caliber: \_\_\_\_\_

Make: \_\_\_\_\_

Licence No. \_\_\_\_\_

Date & Place of Issue: \_\_\_\_\_

4. Weapon Types: \_\_\_\_\_

Caliber: \_\_\_\_\_

Make: \_\_\_\_\_

Licence No. \_\_\_\_\_

Date & Place of Issue: \_\_\_\_\_

**In case of emergency please contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Proposed By:**

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Signature: \_\_\_\_\_

**Seconded By:**

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Applicants Signature

**Please Note:** 1. Three recent coloured photographs of applicant/family (size 1" X 1")

2. Membership is subject to approval by the Managing Committee

**FOR OFFICIAL USE ONLY**

Applicant #: \_\_\_\_\_ Membership #: \_\_\_\_\_

Membership Granted on: \_\_\_\_\_ Expiry \_\_\_\_\_

Membership fee received (Cash/Cheque #) \_\_\_\_\_