

YORKSHIRE FIELD SPORTS

APPLICANT INFORMATION

Name:

Date of birth:

Age

Phone:

Current address:

town

Post code

E-mail

PERSONAL INFORMATION

Have you ever been convicted of or waiting to go to court over the following offences.

Domestic violence

YES / NO

Any kind of violence

YES / NO

Criminal damage

YES / NO

Any drug related

YES / NO

Firearms

YES / NO

Possession of ammo

YES / NO

Anti social behavior

YES / NO

Knife crime

YES / NO

EMERGENCY CONTACT

Name

Address:

Phone:

town

Post code

Relationship:

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:

Date of birth:

Phone

E-mail

SPOUSE PERSONAL INFORMATION

Have you ever been convicted of or waiting to go to court over the following offences.

Domestic violence

YES / NO

Any kind of violence

YES / NO

Criminal damage

YES / NO

Any drug related

YES / NO

Firearms

YES / NO

Possession of ammo

YES / NO

Anti social behavior

YES / NO

Knife crime

YES / NO

TYPE OF MEMBERSHIP

FISHING

MEMBERSHIP No

DATE

AIR RIFLE / PISTOL

MEMBERSHIP No

DATE

ARCHERY

MEMBERSHIP No

DATE

CLAY SHOOTING CLUB

MEMBERSHIP No

DATE

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name

Name

Name

Name

SIGNATURES

I authorize the verification of the information provided on this form as to my personal status and understand that where it is felt necessary a full police check may be carried out.

Signature of applicant:

Date:

Signature of spouse (*only if for a joint membership*):

Date: