



Membership Application

1 Information

Initials _____

Surname _____

First Name _____

ID No. _____

Address _____

Email _____

Contact No. _____

Type Firearm Airgun

2 Interests & Experience

- Which firearm types are of interest? Tick all that apply.
 Pistol Shotgun Manually operated rifle Self-loading rifle/carbine
 Airgun Other (specify): _____
- What shooting activities are of interest? Tick all that apply.
 Precision Handgun Carry Gun Pin Shooting Clay Pigeon Airgun/.22
 IPSC (Handgun) IPSC (Rifle/Shotgun) Long Distance
- Do you have dedicated hunting or sport-shooting status as per the Firearms Control Act?
 Yes No
If yes, please specify the type and accredited institution:

- Have you ever been part of another shooting club.
 Yes No
If yes, please specify: _____
- Do you have range officer experience?
 Yes No
- Would you be interested in becoming a safety marshal?
 Yes No
- How did you hear about us?
 Web search/website Social media Poster/business card Word of mouth
 Other (specify): _____

3 Declaration

I hereby apply for membership to the Somerset West Pistol Club. I will familiarize myself with the club's rules and abide by them at all times. I will take part in all range activities with the safety and integrity of the club, its members and myself as a priority.

I acknowledge that in participating in any activity at the Somerset West Pistol Club, I do so at my own risk and will not hold the club, its executive committee or safety marshals liable for any damage or injury suffered by myself as a result of my presence or participation during events or activities at the club.

I agree to allow the Somerset West Pistol Club access to my personal information as required on this application form in accordance with the Protection of Personal Information Act (POPIA).

Applicant

Date