Dorking Rifle Club Visitors Details Application

Full Name:	Previous Name(s)
Address:	Post Code:
Phone No:	
Age: Date of Birth:	Place of Birth
Nationality:	Occupation:
E-mail address:	
Firearms Certificate No	Granted by the Constabulary
Details of past and present memb	pership(s) of any other rifle clubs or associations:
Have you any criminal convictio (If YES give details on a separate	ns (other than minor motoring offences): YES/NO e sheet)
<u> </u>	re Arms Certificate (FAC) or shotgun certificate or reason why one should not be granted: YES/NO e sheet)
Club, agreeing to abide by the Ru	to visit Dorking and District Rifle ules of the Club, I certify that the particulars on this form are true and bited from possessing a firearm or ammunition by virtue of section 21 of the
Signed:	Date:
This form should be sent to the	Mambarshin Sagratary at the address below:

This form should be sent to the Membership Secretary at the address below:

Steve Glaspool C/o Reigate Gunmakers Ltd, 45 Church Street, Reigate, RH2 0AD Email ddrcmembership@gmail.com Note: Guests are required by the Police to supply the information and

sign the declaration, whether or not they subsequently apply for membership.

Guests may shoot only on designated guest days and under supervision.

By signing this form you consent to the club contacting you using personal information which is held by the club and processed in accordance with The General Data Protection Regulations.

The changes to the data protection regulations means that your permission is required to contact you directly. Without your permission we cannot send you any communication. You may withdraw your consent at any time by contacting us.