

SOUTH LONDON RIFLE CLUB (Registered Charity # 231229, Founded 1874) APPLICATION FOR FULL MEMBERSHIP



Title		First Name(s)			Surname			
Address								
Phone nu	mbor			E-mail ac	Idroco			
Date of bi				Place of b				
FAC Num				Flace Of D				
FAC Null	Dei							
Current C	lubs							
Please en	n a la	tter from your curr	ent club chairman	or secretary	authorizina tl	ne South Lor	ndon Rifle	Club to contact
him/her fo				or secretary t				Chab to contact
Name of F	Proposer (who must be a						
full membe				SI	gnature			
		(who must be a		Si	gnature			
full membe	r of SLRC)				9			
Shooting								
Experienc	e							
Are you a	current N	RA member?	YES / NO	Membership	Number			
						0+ifi +		YES / NO
			a Firearms Certific	ate refused d	r a Firearms	Certificate r	evoked?	TES/NO
Date and	reason to	r refusal / revocati	on					
、								
am	ended, of	the Firearms Act	ed from possessing 1968 (which applie nce of three month	s to persons	who have se	erved a term		
		e South London Ri Privacy policies.	fle Club holding m	y personal inf	ormation in	accordance	with their I	Data
			baded ammunition for the firearm in v					

d) I hereby apply for full membership of the SLRC, and undertake to abide by the Rules of the Club if membership is granted.

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With this form please enclose a cheque for £70 made out to the South London Rifle Club, a passport sized photograph signed on the back by the proposer to affirm that it is a true likeness, a photocopy of the front page of your FAC and a stamped A5 envelope for membership card, clubhouse key, club rules and newsletter. Send to: Mem Sec SLRC, PO Box 53 Oxfordshire OX39 4NS