Firearms & Explosives Licensing Unit
Staffordshire & West Midlands Police

Club Membership Form

The person completing this form must be an Officer of the named Shooting Club.

Please complete all boxes →

Full name of Club:	
Full Name of Officer:	
Office held:	
Contact Telephone No:	
Members Name:	
Membership No:	

Club Membership Declaration ↓

I am the holder of the above office in the above named Shooting Club. I certify that the applicant

……..is a full and active member of the Club.

Signature:	*Date:*

About the Club →

Full Postal address of Club:	
Telephone Number:	
Email Address:	
The Club has facilities for: *(Tick relevant boxes)*	☐ Practical Shotgun ☐ Muzzle Loading Pistol ☐ Full Bore Rifle ☐ Small Bore Rifle
The Club is Home Office Approved:	YES ☐ NO ☐

Attendance Declaration ↓

I confirm that the applicant has shot his personal firearms in the following calibre during the course of Club activities in the last 12 months.

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(Signature)	*(Date)*