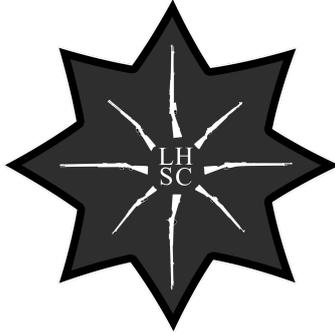


# LONDON HISTORIC SHOOTING CLUB



Email: [LondonHistoricShootingClub@gmail.com](mailto:LondonHistoricShootingClub@gmail.com)

Affiliated to the NRA and NSRA. Home Office Number 725784

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## APPLICATION FOR MEMBERSHIP

Please complete all fields clearly - digitally or handwritten in **BLOCK CAPITALS**

First Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_

Surname: \_\_\_\_\_ Date of birth (DD/MM/YYYY): \_\_\_\_\_

Nationality: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Have you ever had your membership of a Home Office approved shooting club rejected or terminated?** YES / NO

**Have you ever had a Firearm or Shotgun Certificate revoked?** YES / NO

**Are you a member of the National Rifle Association UK (NRA)?** YES / NO

**Do you hold a Firearms Certificate (FAC)?** YES / NO

**Do you hold a Shotgun Certificate (SGC)?** YES / NO

FAC number: \_\_\_\_\_

SGC number: \_\_\_\_\_

Issuing authority: \_\_\_\_\_

Expiry date (DD/MM/YYYY): \_\_\_\_\_

Primary club (FAC only): \_\_\_\_\_

**If you hold an FAC or SGC, please provide a full photocopy on joining LHSC**

## **DECLARATION FORM**

**Please complete all fields in BLOCK CAPITALS, in blue or black ink.**

First Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

**Please read the following carefully:**

- Ammunition must **NOT** be removed from any ranges unless you hold a valid Firearm Certificate for that ammunition **AND** the purchase has been entered in the ammunition book and on your certificate by the range officer.
- Every time you shoot with LHSC you **MUST** sign the attendance register **LEGIBLY**.
- Data Protection Act – information given on this form may be stored (including electronically) for a minimum of seven years, as required by statute, and will not be disclosed except as required by statute.

### **DECLARATION:**

I, the undersigned, hereby apply for Membership of the London Historic Shooting Club. I declare that I am not prohibited from possessing a firearm or ammunition by virtue of Section 21 of the Firearms Act 1968 (Section 21 applies to anyone who has been sentenced to imprisonment or to youth custody or detention in a youth offender institution for 3 months or more. The period of prohibition is for life if the sentence was longer than 3 years and for 5 years if the sentence was 3 months or more but less than 3 years). I undertake to inform the Club should I at any point while a member of the Club be prohibited by virtue of Section 21 of the Firearms Act 1968.

I agree to be bound by the Constitution and Byelaws of the Club, and understand that my Membership, if granted, remains at the absolute discretion of the Club, in accordance of the Constitution and Byelaws.

I understand that this information will be forwarded to the relevant authorities for approval and verification. I also declare that I have read and understood all the information on this document and that my answers to the above questions are true and accurate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **REFEREES**

If you are known to any of the committee members, enter their name as your sponsor for joining the club – you will not be required to provide additional referees. Otherwise, you must provide two referees when applying for membership. Please do not use a family member or close friend.

**If you have previously been or are currently a member of another shooting club, this referee must be the club secretary.**

1. Your last school, college, institution, place of work or shooting club:

School/College/etc. name:

Contact name:

Contact address:

Contact telephone: Email:

You must provide one other referee. Some examples include an educational tutor/teacher, sports coach, work employer, landlord or neighbour.

2. A referee who is not friend or family who has known you for at least two years:

Contact name:

Contact address:

Contact telephone: Email:

I understand that LHSC reserves the right to contact these referees as to the suitability and character of the applicant prior to acceptance for membership. I also declare that I have read and understood all the information stated on this document, and that my answers to the above questions are true and accurate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Photo and Video Policy**

### **PLEASE ONLY SIGN ONCE**

From time to time LHSC would like to put photos taken at its events on Facebook, Instagram, Youtube or its website. These are purely for the purpose of promoting the club.

Whilst shooting with the club at Bisley other individuals and clubs will be using the range at the same time as the LHSC, as a club we hold no liability for photos taken by non-LHSC members, this includes the NRA who regularly take photos or videos during their competitions, these are often later uploaded to social media.

I, the undersigned, give my consent to the London Historic Shooting Club for the use of images and videos which I may appear in, taken by said organisation for production and use on websites and social media pages owned by the organisation. In giving this consent, I understand and declare that: I am giving this consent of my own free will, and not under duress or in any form of threat; That the images and videos I appear in shall be held by the organisation in accordance and compliance with the GDPR guidelines (the General Data Protection Regulation); That my information herein, as well as the images and videos to be shared to the recipient shall not be disclosed to any other party without my written consent; That I hereby allow the use of images and videos which I appear in to belong to the organisation for their own disposition; I hereby agree to waive my rights to any claims to whatever the organisation may use the image or video for; I may exercise my right to withdraw the use of my image or video anytime after from the effectivity of this consent. After which, I am given the right to ask to cease the use of my images or videos thereafter. By submitting my signature below, I am affirming the provisions mentioned above and the effectivity of this agreement shall commence.

**Name Printed:**

**Signature:**

**Date:**

I, the undersigned, do not give consent to the London Historic Shooting Club for the use of images or videos which I may appear in, taken by said organisation for production and use on websites and social media pages owned by the organisation. I will make every reasonable endeavour to avoid being in group photos or videos or in the background of photos or videos. I will make every reasonable endeavour to inform members of my position if they attempt to include me in photos or videos. If I do not wish to consent to appearing in photos or videos at team based events where other members have a desired interest in appearing in photos and videos and it is not practical to exclude myself from them I will recuse myself from these events. Any attempt to participate in a group photo or video or team based event which may be photographed or videoed will be considered a one off consent to appear in said photo or video. By submitting my signature below, I am affirming the provisions mentioned above and the effectivity of this agreement shall commence.

**Name Printed:**

**Signature:**

**Date:**