Christchurch Pistol Club (Inc.) Application to Become a Full Member



Personal Details		FM1#	
Last Name:		First Names:	
		Occupati	on
Home Phone:	Mobi	le Phone:	Date of Birth:/
Email Address:			
Firearms License Number		Expiry Date:	.// Classes:
Name of Emergency Cont	act:		Phone:
<u>Application</u>			
		annly to	become a Full Member of the Christchurch
			ng all of the following (please tick the boxes
to confirm they have been	າ done);		
☐ I have an "A" Category Firearms licence.			
☐ I have attended and passed the induction and basic training programme.			
☐ I have attended 12 organised Club activities.			
☐ I have sat and pa	ssed the Safety and	Range Officers Course	e.
	bationary Member	for 6 months prior to	this application.
I agree to;			
,	•	ocal Range Rules, and	
Abide by the Rules	· ·		
· ·	of Pistol New Zeala		
=	to the Club Code of		
The information provided	nere is true and cor	rect.	
Applicants Signature			Date/
<u>Proposal</u>			
The above is hereby nominancial members of the		hip of the Christchurch	n Pistol Club by the following full and
Name (Proposer)			Signed
Name (Seconder)			Signed
Membership Type	(Please tick appr	opriate box)	
☐ Full ☐ Couple	☐ Senior (65+)	☐ Junior (-18)	☐ Family (2 adults and children under 18)
Hand In This completed document	t and a copy of your	New Members Recor	d Card should be given to the Armourer
CPC USE ONLY			
FM1# All of the above information		checked with the Privacy Act	Proposers