



# CROWLAND GUN CLUB

Second Drove, Crowland Low Wash,  
Crowland, Lincs, PE6 0JB  
CPSA Affiliated  
[crowland.gunclub@gmail.com](mailto:crowland.gunclub@gmail.com)



## MEMBERSHIP APPLICATION

Surname (Mr/Mrs/Miss/Other).....

First Names.....

Address.....  
.....  
.....

County.....

Postcode.....

Tel No.....Mobile No.....

Email.....

Date of Birth..... (Day)..... (Month)..... (Year)

Shotgun Certificate Number.....

Issuing Authority.....

Expiry Date.....

Membership of other Clubs or Organisations associated with Clay Shooting

.....

CPSA / BASC Membership Number.....

Signed.....Date.....

Proposed By.....

**PLEASE NOTE THAT IT IS A CONDITION OF MEMBERSHIP THAT ALL MEMBERS POSSESS A VALID SHOTGUN CERTIFICATE AND THAT MEMBERS WILL ACCEPT ANY DUTIES ALLOCATED TO THEM AT ANY CLUB MEETING.**