

(tick appropriate box)	<input type="checkbox"/> Renewal	<input type="checkbox"/> New member
Full Name : _____		
Address : _____		
_____		Postcode: _____
Date of Birth: _____		CPSA No: _____ <i>(if applicable)</i>
Telephone : _____		
Mobile: _____		
Email: _____		
Shotgun Certificate No: _____		
Certificate start date: _____		Certificate expiry date: _____

I declare that the above information is correct.

Members Signature : _____ Date: _____

Rates per annum: **Single New £55** Renewal £50, **Couples New £80** (Renewal £70), **Juniors (-18) and Veterans (60+) £45** (renewal £40), **Family (Couple plus up to 3 juniors) £100** (renewal £90) :

Date accepted : _____ Subscription due : £ _____

Signed : _____ Renewal Date : _____
for The Cambridge Gun Club Ltd

Office Use Only :

Membership Number : _____ Card Issued : _____ Checked : _____

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Your receipt for membership of The Cambridge Gun Club Ltd :

Name : _____

Received the sum of : _____ by : _____ Date : _____

Renewal Date : _____