

Application Form for Membership



Use this form if you wish to join the MLAGB. This form together with subscription fee should be returned to: **Andrew Grimmett, Valley View, Heyford Road, Upper Heyford, Bicester, Oxon, OX25 5PQ.** Please note that membership data is held by a third party, EML Team, 130 Worcester Road, Droitwich Spa, Worcestershire, WR9 8AN.

Personal Details

| | |
|---|-------------------|
| Title: | Date of birth: |
| Full name: | Place of birth: |
| Address: | Country of birth: |
| | Tel (home): |
| | Tel (mobile): |
| | Email: |
| Post code: | |
| Which MLAGB branch do you intend to join? | |

Membership Categories and Fees (please tick)

| Category | Description | Fee* | Please Tick |
|-----------------|--|------|-------------|
| Full | For applicants between 21 and 65 years of age | £80 | |
| Junior | For applicants under 21 years of age | £54 | |
| Family Shooting | For applicants where a family member is an existing full member of the MLAGB | £69 | |
| Senior | For applicants over 65 years of age | £69 | |

* Please note that the fees listed include a £20 one off joining fee. Membership year runs 1st January - 31st December. Members joining after 1st August pay half the normal fee. Members joining in November or December may choose to pay the full fee and have membership for the following year included.

Application Requirements

Please note that new members must serve a probationary period of six months. Probationary membership may be waived if either requirement 1 or 2 is met. Please note that any probationary member who wishes to apply for a firearm certificate on the basis of membership of the MLAGB must receive training with the MLAGB during his/her probationary period. Only on completion of this training will a full membership card be issued.

| | | |
|--|-----|----|
| 1. If you hold a current firearm certificate, please provide the following details: | | |
| Photocopy of Firearm certificate enclosed | Yes | No |
| Do you wish the MLAGB to be your Primary Reporting Club? | Yes | No |
| 2. If you are a member of a home office approved club, the following details and endorsement by a club official are required. | | |
| Name of home office approved club | | |
| Name of club official | | |
| Position of club official | | |
| Contact details (phone number & email) | | |
| Signature of club official | | |

Declarations - Please complete all applicable sections

I certify that:

1. I am not prohibited from possessing firearms or ammunition under section 21 of the Firearms Act 1968 as amended. (I have not been sentenced to a term of imprisonment of 3 months or more).
2. I have never had an application for a firearms certificate, or a shotgun certificate refused by the Police and have never had a certificate revoked.
3. I certify that I am not currently subject to an ongoing police investigation or awaiting sentencing.

Signature:

Date:

I hold a current firearm certificate as follows, and I am a member of the home office approved club that is listed on my firearm certificate (if any):

Issuing Authority:

Certificate Number:

Signature:

Date:

Proposer

Proposer - the proposer must be a full member of the MLAGB:

Name (block capitals)

MLAGB Membership Number

Signature

Principal Interests (please tick)

Rifle

Musket

Pistol

Shotgun

Miniature cannon

Collecting

Payment

Payment may be made by cheque, credit or debit card

Visa Credit/Debit, Maestro, Switch, Mastercard

Card number:

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Start Date:

Expiry Date:

Name on the card:

Security No:

Issue No:
(If Maestro)

Signature:

I hereby apply for membership of the Muzzle Loaders' Association of Great Britain and undertake to abide by the Rules of the Association if I am accepted. My enrolment fee (£20) and first year's subscription are enclosed. I have read and understand the MLAGB Data Policy (available at www.mlagb.com/downloads) and I agree that my personal data can be retained as detailed in this policy.

Signature:

Date:

Signature of parent or guardian (if applicant is under 18 years old)

Date:

MLAGB use only:

| Police Check | | Form: | Reference: | Payment | FAC | | Membership No: |
|--------------|-----------|--------|------------|---------|------|----------|----------------|
| Sent: | Received: | Rec'd: | Check: | Rec'd | Copy | Original | |
| Initials: | | | | | | | |