

Application Form for Affiliated Club Membership



Please use this form if you wish to join the MLAGB. Please complete this form in full and attach the relevant documents required along with your subscription either Cheque or Card Payment. Then post as either 1st or 2nd class (not as recorded or to be signed for) to **Andrew Grimmett, Valley View, Heyford Road, Upper Heyford, Bicester, Oxon, OX25 5LA**. Please note that membership data is held by a third party, EML Team, 130 Worcester Road, Droitwich Spa, Worcestershire, WR9 8AN.

Contact Details

Name of Club/ Shooting Organisation:	Name of Secretary or Club Official:
Contact number of Club/Shooting Organisation:	Contact Numbers of Secretary or Club Official: (Home): (Mobile):
Club/ Shooting Organisation Address:	Secretary Address for Correspondence:
Post Code:	Post Code:
Club Email:	Email:
Club Website:	
Number of Members in Club?	
Which MLAGB branch do you intend to join?	
Home Office No:	
Club activities (e.g. rifle, clay shooting, muzzle loading, cannon):	

Membership Fees & Payment Details (please complete)

Category	Fee*	Please Tick
Affiliated Club	£82	

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

Payment	
Payment may be made by cheque to MLAGB or by credit or debit card	
Visa Credit/Debit, Maestro, Switch, Mastercard	
Card number:	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
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 (Secretary or Club Official):	Date:

MLAGB use only:

Proposer - the proposer must be a full member of the MLAGB:		
Name (block capitals)	MLAGB Membership Number	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

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