



# National Rifle Association

## Shooting Club Registration Form

Title..... Full Name.....NRA Membership No.....

What disciplines do you shoot at present – Tick all that apply

- |                    |                          |                                  |                          |
|--------------------|--------------------------|----------------------------------|--------------------------|
| a) Target Rifle    | <input type="checkbox"/> | g) Muzzle Loading Rifle & Pistol | <input type="checkbox"/> |
| b) Match Rifle     | <input type="checkbox"/> | h) Long Range pistol             | <input type="checkbox"/> |
| c) Sporting Rifle  | <input type="checkbox"/> | i) Classic Rifle & Pistol        | <input type="checkbox"/> |
| d) Practical Rifle | <input type="checkbox"/> | j) Service Rifle                 | <input type="checkbox"/> |
| e) Gallery Rifle   | <input type="checkbox"/> | k) F Class Rifle                 | <input type="checkbox"/> |
| f) 300m Rifle      | <input type="checkbox"/> | l) Other – Please state          | <input type="checkbox"/> |

Do you own firearms for all the disciplines you shoot? Yes  No  please tick one

If No which don't you own? .....

What other disciplines are you interested in? please tick

- |                    |                          |                                  |                          |
|--------------------|--------------------------|----------------------------------|--------------------------|
| a) Target Rifle    | <input type="checkbox"/> | g) Muzzle Loading Rifle & Pistol | <input type="checkbox"/> |
| b) Match Rifle     | <input type="checkbox"/> | h) Long Range pistol             | <input type="checkbox"/> |
| c) Sporting Rifle  | <input type="checkbox"/> | i) Classic Rifle & Pistol        | <input type="checkbox"/> |
| d) Practical Rifle | <input type="checkbox"/> | j) Service Rifle                 | <input type="checkbox"/> |
| e) Gallery Rifle   | <input type="checkbox"/> | k) F Class Rifle                 | <input type="checkbox"/> |
| f) 300m Rifle      | <input type="checkbox"/> | l) Other – Please state          | <input type="checkbox"/> |

Current FAC No: .....

Issuing Authority .....

Are you a member of another HOA Club? (If so please list) .....

Would you be willing to carry out Butt Marking? Yes  No  please tick one  
(Century/Short Siberia only. This would help to reduce your costs)

Would you be willing to coach other shooters? Yes  No  please tick one  
(There is always someone who knows less than you)

Please return to:

Charles Perry  
NRA, Bisley National Shooting Centre, Brookwood, Surrey, GU24 0PB  
Tel: 01483 797777 Ext158 Email: [nrasc@nra.org.uk](mailto:nrasc@nra.org.uk)