**ASSOCIATION APPLICATION FORM 2017**

**NATIONAL SHOOTING CENTRE, BROOKW OOD, SURREY, GU4 0PB**

**Tel:** 01483 797777 x138 **Fax:** 01483 797285 **Email:** membership@nra.org.uk

|  |
| --- |
| Name of Association |
| Count y/ Count ry |
| President |
| Name and Address of **Secretary** (to whom all correspondence will be sent)Telephone No. (day) Mobile No.Fax No. Email |
| Name and Address of **Chairman**Telephone No. (day) Mobile No.Fax No. Email |
| Name and Address of **Treasurer**Telephone No. (day) Mobile No.Fax No. Email |

Number of M embers

Number of Clubs

Is the Association Home Office Approved? YES/ NO If YES:

|  |
| --- |
| Home Office Ref. |
| Date Issued | Date Expires |

Has the Association a Firearms Certificate? YES/ NO If YES:

|  |  |  |
| --- | --- | --- |
| Issued by |  | Police Authority |
| Association Liaison Officer | Tel |
| Address |

**NRA USE ONLY**

|  |  |  |
| --- | --- | --- |
| Date Affiliated | Medal | ID Number |

# ASSOCIATION AFFILIATION RATES TABLE for year 2017

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Association Category* | (1)Association Fee | (2)Insurance Fee  | (3)Range Pass @£36.70 | Total Cost (1+2+3) |
| **UK -****£195.65** |  |  |  |  |
| **Service -****£259.35** |  |  |  |  |
| **County -****£128.65** |  |  |  |  |
| **Overseas -****£101.90** |  |  |  |  |
| **Bisley Bible -****£9.00**(Rulebook) |  |  |  |  |
|  | **Grand Total** | £ |

**Method of Payment**

Please ensure that the correct fee is enclosed with your application. Please note that the ‘Bisley Bible’ will not be available until March/ April when it will be forwarded to you.

**Cheque Payment** - please make cheques payable to ‘NRA’

**Overseas Associations** - please pay by **International Money Order in Sterling** or Visa/ Mastercard

**Credit Card Payment** - I authorise the National Rifle Association to debit the sum above to my (please delete as appropriate)

VISA/ M ASTERCARD/ SWITCH (issue number of switch card………..)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Credit Card Number |  |  |  |  |
| St art Date/ Expiry Date |  |  |  |
| Security Number |  |  |  |
| Signature |  |  |
| Name of Cardholder |  |