



# National Rifle Association

## **Referee Form 1 (Armed Forces and Armed Police applications only)**

To be completed by a person who has direct knowledge of the applicant shooting experience

### **Applicant's details**

Title..... Full Name.....

Address.....

.....

..... Post Code.....

### **Referee Details**

Name.....

Address.....

.....

..... Postcode.....

Daytime phone number.....

NRA Affiliation No: ..... (Only if you have one)

### **Reference**

Must be completed in full

1 How long have you known the applicant? .....

2 In what capacity do you know the applicant?

3 What do you know of the applicant's shooting experience?

4 Are you aware of any shooting related incident that could give rise for concern?

YES

NO

please tick one

5 Are you aware of any incidents of intemperate behavior?

YES

NO

please tick one

6 If you have answered 'YES' to questions 4 &/or 5, please give reasons.

If 'Yes' from Q4

If 'Yes' from Q5

*Please continue on an extra sheet if necessary*

7 How would you describe the Applicant's general demeanor?

*"I declare that the information I have provided on this form is true and correct to the best of my knowledge."*

Signed .....Date .....

Please note: We must have original signatures, so faxed or emailed versions are not acceptable

Do not return this form to the Applicant. Return directly to:

The Membership Department  
NRA, Bisley National Shooting Centre, Brookwood, Surrey, GU24 0PB

01483 797777 Ext 138

Email: [memassist@nra.org.uk](mailto:memassist@nra.org.uk)