

DHA SHOOTING CLUB BAHAWALPUR

MEMBERSHIP FORM



Feel free to contact for any query:-
0342-1111518

Desired category of Membership:

- | | |
|----------------------------------------------------------------------------------------------|--------------------------------------------------|
| 1. Individual Membership <input type="checkbox"/> | 4. Temporary Membership <input type="checkbox"/> |
| 2. Family Membership <input type="checkbox"/> | 5. Corporate Membership <input type="checkbox"/> |
| 3. Honorary Membership <input type="checkbox"/>
(Applicable to Management Committee only) | 6. Permanent Membership <input type="checkbox"/> |

- 2x Color Photos Passport Size.
- 2x Thumbnail, Size 1x1.

Facility Desired:

1. Skeet Shooting 2. Long Range/ Extreme Long Range Shooting

Duration of Membership:

- Life Time (Only for Permanent Membership) Yearly Six-Monthly
 Monthly Temp (1-3 Days)s

Service / Category:

- Civilian/ Student DHAB Personal Serving 31 Corps Officers
 Retd Defence Forces Personals Retd DHAB Personals LEAS Personals

First Name _____ Middle Name _____ Last Name _____

Company / Organization/Self Employment _____ Title _____ DOB _____

Official Address _____

Home Address _____

Preferred Mailing Address (Please tick one) Home Office Nationality _____

CNIC No _____ Date of Issue _____ Place of Issue _____

Please list memberships of any other Shooting Club.

1. _____ 2. _____ 3. _____

**Details of family members you wish to share your membership with:
(In case of family membership only)**

<u>Ser</u>	<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Arms License Details:

Weapon (Make &Type): _____ License No: _____

Date & Place of Issue: _____ Valid Upto: _____

Person to be contacted (in case of emergency):

Name: _____ Relationship: _____ Phone: _____

Address _____

Please note:

1. Membership is subject to approval by the Management Committee.
 2. Incomplete form will not be accepted.
 3. 2x Colored Passport size photograph and 2x Colored thumbnail size photograph (for each member) to be submitted alongwith the form.
 4. Two photocopies of CNIC of the applicant. Form B of under 18 years of age children.
 5. 2x photocopies of valid weapon license (where applicable) to be submitted alongwith the form.
 6. Valid weapon License is mandatory to use own weapon at shooting club.
-

Release Agreement & Waiver of Liability Wavier Agreement

Please read carefully before signing:

1. I Agree to abide by the rules, instructions and SOP's revised time to time by DHAB Shooting Club.
2. I agree to assume full responsibility of any and all risks, injuries and damages, whether known or unknown, of whatsoever kind and nature, which I might incur as result of some accident/mishap while participating in shooting events at DHAB Shooting Club.
3. I assume responsibility for the actions of any and all guests I bring to the DHAB Shooting Club.
4. In consideration of being permitted to participate in shooting events at the DHAB Shooting Club, I knowingly, voluntarily and expressly waive any and all claims against me, my family members or my guest or any other person claiming under me. I am wholly responsible for the injuries or damages that I may sustain as a result of participation in shooting activities.
5. I have read and fully agree with the above release and Waiver of liability and fully understand its contents.

Signature: _____ Date: ____ / ____ / ____

Tel: _____ Cell: _____ Fax: _____ Email: _____

Dated _____ 2020

Club Secy

Dated _____ 2020

Secy DHA

Dated _____ 2020

Patron

Dated _____ 2020

Patron in Chief

FOR OFFICIAL USE ONLY

Applicant: _____ Membership # _____

Membership Granted on: _____ Expiry _____

Membership fee received (Cash/Cheque#) _____