

South Solway Wildfolwers Association

Application for Junior membership

Please complete the following details

The Applicant

Full name _____

Date of Birth _____

Address _____

_____ Post Code _____

Tel No _____

Shotgun cert number _____

Expiry date _____

BASC no & Expiry date (If a member)

Parent or Guardian

Full Name _____

Address _____

_____ Post code _____

Tel No _____

Signature of Parent or Guardian _____

A JUNIOR MEMBER MAY ONLY SHOOT ON THE ASSOCIATION MARSHES
WHILST BEING ACCOMPANIED BY A MEMBER OF AT LEAST 3 YEARS STANDING
AND THAT MEMBER WILL BE RESPONSIBLE FOR THEIR CONDUCT AND SAFETY.

DATA PROTECTION

I GIVE CONSENT TO THE OFFICERS AND COMMITTEE OF THE SOUTH SOLWAY
WILDFOWLERS ASSOCIATION THE RIGHT TO HOLD AND DISTRIBUTE MY
PERSONAL DETAILS.

THESE DETAILS WILL BE USED FOR INFORMATION, INSURANCE AND
WARDENING PURPOSES ONLY.

THESE DETAILS WILL NOT BE PASSED ON TO ANYONE NATIONALLY OR
INTERNATIONALLY WITHOUT GAINING PRIOR CONSENT FROM THE
INDIVIDUAL

Print Name _____

Address _____

Date _____

Signature _____

Please return completed form to:

SSWA

22 Yewbank lane

High Meadows

Whitehaven CA28 6UF