

**SHOOTING CLUB
MEMBERSHIP FORM**

Membership Details:

No of Member/s : _____

Membership Category: (please check one)

Family _____

Single _____

Other shooting club member _____

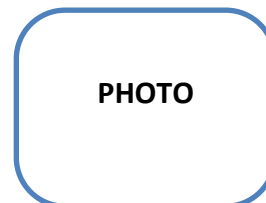
Duration (please check one)

1 Year _____

3 Months _____

6 Months _____

Date of Application _____



Member's Information:

Name : _____ Date of Birth : _____

Nationality : _____ Passport No : _____

Emirates ID No. : _____ Mobile No. : _____

Address : _____ E-Mail Add : _____

Other Family Members included in this application:

Name	Relationship with member	Date of Birth	Mobile Number

To complete your application, please provide the additional requirements below:

- Birth Certificate copy
- ID copy (Emirates card, passport, and driver's license. etc.)
- Copy of Membership card/form (if member of other Shooting club)

Thank you for becoming a member and for your interest in our club. All information is considered confidential and will not be sold to any third party by the club.

Mubarak Al Aryani
Shooting Club Deputy Manager