

SCOTTISH SOLWAY WILDFOWLERS ASSOCIATION

Application for Membership

Full Name:

Age and Date of Birth:

Full Address:

Shotgun Certificate Number:

Issuing Police Force:

Type of Membership Applied For: FULL/ASSOCIATE/JUNIOR

Previous Experience/Membership of Other Clubs etc:

Proposed by: Name:

Signature

Seconded by: Name:

Signature

I declare the above details to be true -

Signed.....