



# Ardee Shooting Club

## Membership Application Form

### Block Letters

First Name: ..... Last Name: .....

Address: .....

.....

Town: .....

County: .....

Home Phone: .....

Mobile: .....

Work Phone: .....

E-mail Address: .....

### Contact details in case of emergencies

Name: .....

Telephone: .....

### Please indicate if you are a member of any of the following Associations.

I.C.P.S.A. (See note)

Membership Number

.....

N.A.R.G.C.

.....

Countryside Alliance.

.....

Other. ....

*Note:*

*Membership of the I.C.P.S.A. is compulsory for membership of Ardee Shooting Club*

.....  
Signature

.....  
Date

*Please send the completed form along with a completed I.C.P.S.A. Form, if applicable, to Mr Thomas McQuillan, 31, The Laurels, Dundalk, Co Louth.*

**If you have any Questions contact Dennis on 086-3697007**