



Enrolment Form

Name:	_____	Member No.:	_____
Address:	_____	ID No. :	_____
	_____	Date of Birth:	_____
	_____	Mobile No. :	_____
E-Mail:	_____	Occupation:	_____

I am interested in the following Licences:

- ☐ RCO-A
- ☐ RCO-B
- ☐ TSL-A (Short & Long)
- ☐ TSL-A (Special)
- ☐ TSL-A (Crossbow)
- ☐ TSL-B (Tactical S.Gun)
- ☐ TSL-B (Clay Pigeon)
- ☐ TSL-B (Black Powder)
- ☐ TSL-B (Airgun)
- ☐ Collector-A
- ☐ Collector-A (Special)

I would to be part of the following clubs:

- € 20.00 ☒ S.A.F.E. - Shooting And Firearm Enthusiasts
- € 5.00 ☐ S.A.F.E. - Airsoft Malta
- € 5.00 ☐ Paintball Club Malta
- € 5.00 ☐ Airgunners Club Malta
- € 5.00 ☐ Firearm Collectors Club
- € 15.00 ☐ Insurance Cover + Admin fee

Required Documents:

- ☐ Passport Photo
- ☐ Police Conduct
- ☐ Another extra separate Medical Certificate

I hereby confirm that I would like to become a member of S.A.F.E. Shooting Club and I declare that: - By signing this Document I confirm that all the information that I have provided therein is true and correct. I agree to pay a non-refundable fee to the Club. I agree and accept that S.A.F.E. Committee decision shall be final and that I shall not contest this decision in the event that my application is refused. I will abide with the rules and conditions of S.A.F.E. Club Statute and with any subsidiary Club regulations and/or procedures. I accept that the Club Committee shall process and retain my personal data in accordance with General Data Protection Regulations (GDPR). I shall notify the Club Committee if and when there are any changes to my personal data. I would like to opt-in to receive correspondence from the Club as and when required. I wish to participate, at my own risk, in the Club activities described above. I have been informed and I am fully aware that there are inherent risks and dangers associated with these activities and that injury could result from my participation. However, I knowingly and willingly wish to participate in these Club activities. I confirm that I will follow all the necessary safety precautions at all times.

Signature :

Date:

Committee Approval / Rejection

Signature :

Date:

Medical

I hereby certify that the applicant is known to me as a person of sound moral character who is mentally and physically fit, and that in my professional opinion there is nothing that could impede the applicant from getting a target shooting licence and participate in shooting activities.

Doctor's Name:

Date:

Doctor's Signature & Stamp:

Thank you for submitting your application to join S.A.F.E.

T: +356 21460157

Facebook: <https://m.facebook.com/safclubmalta> E-mail: safeshootingmalta@gmail.com