



**Ahmedabad
District
Rifle
Association**



MEMBERSHIP FORM

Affix recent
Passport size
Photograph

The Secretary General,
Ahmedabad District Rifle Association.

I desire to apply for membership of Ahmedabad District Rifle Association (ADRA)

Name : _____

Father/Husband Name: _____

Address : _____

Phone : _____ Cell: _____

E-mail Address : _____@_____._____

DOB : _____
(DD/MM/YYYY)

Gender : _____ Blood Group : _____

Qualification : _____ Occupation: _____

Other Club Membership Information: _____

Emergency Contact Name & Number: _____

Please mention about your achievements as a target shooter (If Any):

School/College Name (If Student): _____

Class/Year Studying In: _____



ENDORSEMENT

The endorsement should be made by any Dist. Magistrate or any Gazetted Officer of the Central Government or State Government or Police Inspector of the Concerned Residence Police Station / Principal or Dean (In Case of Student)

I certify that I am personally acquainted with Mr./Mrs. _____

_____ who has signed this application for active membership in the Ahmedabad District Rifle Association. The applicant is a person of good repute and to the best of my knowledge and belief the information shared by him/her in this application is true. I endorse the applicant to be enrolled in this association.

Signature and Stamp of endorsee

Designation _____

City _____

District _____

State _____

Declaration

I hereby declare to agree & follow that I have thoroughly read & understood the rules & regulations set by Ahmedabad District Rifle Association (ADRA) for its members. I certify that I am a citizen of India; I am not involved in any antisocial or anti national activities, neither I am part of any ongoing criminal proceedings and that I have never been convicted of an offense or a crime of violence. I will abide by the Rules of ADRA, and I will fulfill the obligations of good sportsmanship and good citizenship.

I hereby certify that all the information furnished above is true and agree to abide by all terms set by ADRA for its members. I hereby undertake sole responsibility to ensure the safety of myself and other follow members & any third party during my presence at ADRA.

Date: _____

Place: _____

Name and Signature of Applicant

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FOR OFFICE USE

Membership approved by Governing Body on _____ Membership No _____

Receipt No. _____ Date _____ Amount (Rs.) _____

Form Accepted By _____ Membership Approved By _____