



TRINIDAD RIFLE ASSOCIATION Est. 1879

(Incorporated by Act of Parliament Act No. 27 of 1975)

Application for Individual Membership

63 ROSALINO STREET WOODBROOK, TELEPHONE # 628-1321,
Email: traoffice.trinidad@gmail.com; Website: www.trinidadrifleassociation.org

(Photocopies not accepted)

Please type OR write in ink in BLOCK LETTERS

1. **Membership Type** (please tick the appropriate box): New Junior Reinstatement
2. First Name: _____ Middle Name: _____ SURNAME: _____
3. Parents Full Name (for Junior Membership): _____
4. Date of Birth: (D)_____ (M)_____ (Y)_____ Gender: M () F () Marital Status: _____
5. Nationality: _____ I.D. Card/ D.P/Passport.# _____
6. Home Address: _____
7. Mailing Address (If Different): _____
8. Profession /Student: _____
9. Employer's Name & Address: _____
10. Name of School (for Junior Membership): _____
11. Contact Numbers:
(Home): _____ (Mobile) _____ (Work) _____ Ext _____
Email: _____
12. Parents' Contacts (for Junior Membership):
(Home): _____ (Mobile) _____ (Other) _____
Email: _____
13. Have you been a Member of any Shooting Organisation **PRIOR** to this application? YES () NO ()
If YES, state which: _____

THIS APPLICATION REMAINS THE PROPERTY OF THE TRINIDAD RIFLE ASSOCIATION & WILL NOT BE RETURNED TO THE APPLICANT. THE ASSOCIATION RESERVES THE RIGHT TO REFUSE MEMBERSHIP & SHALL NOT BE OBLIGATED TO GIVE THE REASON/S FOR SUCH ACTIONS.

14. Are you **currently** a Member of any Shooting Organisation? YES () NO ()

If YES, state which: _____

15. Have you any experience in the use of firearms? YES () NO () State type: _____

16. Have you applied (past/present) to the Commissioner of Police for a Firearm License or Certificate?

YES: () NO: () What was the status of the Application? _____ (granted/denied/pending)

17. If granted, state the following: -

F.U.L. # _____ F.U.E.C. #: _____

18. Emergency Contact:

Name: _____ Tele: (M): _____ (Other): _____

19. Why are You Seeking () Membership () Reinstatement into the Trinidad Rifle Association?

20. How can your membership be beneficial to the Trinidad Rifle Association?

21. Will you promote the Trinidad Rifle Association? _____ (YES or NO)

22. Will you abide by the Rules/Policies/Guidelines set by the Trinidad Rifle Association? _____ (YES or NO)

THIS APPLICATION MUST BE SUBMITTED WITH THE FOLLOWING:-

- ⇒ Four (4) recent passport size photographs on a white background.
- ⇒ A copy of two (2) forms of Identification (the original may be requested for verification)
- ⇒ Copy of your FUL/FUEC where applicable (the original may be requested for verification)
- ⇒ Police Certificate of good character. (validity of this may vary from time to time)
- ⇒ Doctor Medical for Vision & Fitness (validity of this may vary from time to time)
- ⇒ This application must be endorsed two members of the Trinidad Rifle Association (must be an active member for at least 3 years) and who may interviewed, about your application.
- ⇒ Applicants **may** be required to present along with this application form a Psychiatric Evaluation

Proposed By: _____ Signature: _____ TRA ID: _____

Seconded By: _____ Signature: _____ TRA ID: _____

I hereby declare that all information provided on this application are true in all respect. I understand that photographs and videos which I may appear in from time to time may be used in the promotion of Shooting Sports by the Trinidad Rifle Association. The Trinidad Rifle Association reserves the right to perform any background checks as may be deemed necessary. I or persons acting on my behalf hereby waive all claims, demands, cause of action howsoever, including any lawsuits which may be brought in court against the Trinidad Rifle Association, its members, its Officers of the Executive and Trustees in the event of personal injury, death or loss or damage to personal property which may occur while participating in any of the Association's activities. The Association reserves the right to prohibit me from participating in any shooting activity local, regional, or international. I hereby accept all risks related to the use of firearms and Sport Shooting activities. I will accept all decisions made by the Association as final.

Signature of Applicant: _____

Date: _____

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FOR JUNIOR MEMBERSHIP

I hereby (PARENT/GUARDIAN) consent _____ (print name) declare and confirm that the information provided in this application for Junior Membership, on behalf of my child/dependent, is TRUE and CORRECT. I understand that photographs and videos which I my child/dependent may appear in from time to time may be used in the promotion of Shooting Sports by the Trinidad Rifle Association. The Trinidad Rifle Association reserves the right to perform any background checks as may be deemed necessary. I or persons acting on my behalf hereby waive all claims, demands, cause of action howsoever, including any lawsuits which may be brought in court against the Trinidad Rifle Association, its members, its Officers of the Executive and Trustees in the event of personal injury, death or loss or damage to personal property which may occur while participating in any of the Association's activities. The Association reserves the right to prohibit my child/dependent from participating in any shooting activity local, regional, or international. I hereby accept all risks related to the use of firearms and Sport Shooting activities. I will accept all decisions made by the Association as final.

Signature of Parent (for Junior Membership): _____ Date: _____

FOR OFFICIAL USE ONLY:

Status: _____ Date: _____ Signature: _____

Membership ID Issued: _____