



TRINIDAD RIFLE ASSOCIATION Est. 1879

Incorporated by an Act of Parliament - Act 27 of 1975

Telephone: 1 868 628 1321 **Email:** traoffice.trinidad@gmail.com

Website: www.trinidadrifleassociation.org **Facebook:** Trinidad RifleAssociation

Mailing Address: P.O. Box 451, Pot of Spain, Trinidad & Tobago

APPLICATION FOR INDIVIDUAL MEMBERSHIP

(Please type or write in BLOCK LETTERS)

1. Membership Type: (Please tick the appropriate Box) NEW Junior Reinstatement
2. First Name _____ Middle Name _____ Surname _____
3. Date of Birth: (D) _____ (M) _____ (Y) _____ Gender: (M)/(F) Marital Status: _____
4. Nationality: _____ ID/DP/Passport # _____
5. Home Address: _____

6. Mailing Address: _____

7. Profession/Occupation: _____
8. Employer's Name & Address: _____

9. Contact: (H) _____ (M) _____ Other _____
10. Email: _____
11. Are you currently a member of any Sport Organisation? Yes () No ()
12. If Yes, state name of organization: _____
13. Do you have any experience with firearms? Yes () No ()
14. Have you applied (past or present) to the Commissioner of Police for a Firearm User's License or Certificate? Y () N () If YES, circle the status of your application (granted/denied/pending).
15. If granted, state the following: F.U.L. # _____ F.U.E.C.# _____

16. Why are you seeking () Membership () Reinstatement into the Trinidad Rifle Association?

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

18. Do you agree to abide by the Rules/Policies/Guidelines set by the Trinidad Rifle Association? Y () N ()

THIS APPLICATION MUST BE SUBMITTED WITH THE FOLLOWING DOCUMENTS
<ul style="list-style-type: none"> ☞ Four (4) Passport size photographs on a white background. ☞ A copy of two (2) forms of Identification (the original may be requested for verification) ☞ Where applicable, a copy of your FUL/FUEC (the original may be requested for verification) ☞ Police certificate of good character (validity of this may vary from time to time) ☞ Doctor's medical for vision & fitness (validity of this may vary from time to time) ☞ This application must be endorsed by two (2) members of the Trinidad Rifle Association ☞ Applicants may be required to present along with this application, a psychiatric evaluation

Proposed By: _____ Signature: _____ TRA ID: _____

Seconded By: _____ Signature: _____ TRA ID: _____

I hereby declare that all information provided on this application is true in all respects. 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: _____

FOR OFFICIAL USE ONLY

STATUS: _____ **DATE:** _____ **MEMBERSHIP ID:** _____