



TRINIDAD RIFLE ASSOCIATION

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

APPLICATION FOR MEMBERSHIP
(Photo copies not accepted)

Please type OR write in ink in BLOCK LETTERS

1. First Name: Middle Name: SURNAME:
2. Date of Birth: (D)..... (M)..... (Y)..... Sex: M () F () Title (Mr/Mrs etc.):-.....
3. Age: Nationality: I.D. Card/ D.P/Passport.#.....
4. Home Address:
.....
5. Mailing Address (If Different).....
.....
6. Profession /Occupation:
7. Employer's Name & Address:
.....
8. Contact Numbers: (Home): (Mobile) (Office)
Email:
9. Are you currently a Member of any Rifle Club or Association? YES () NO ()
If YES, state which:
10. Have you any experience in the use of firearms? YES () NO () State type:
11. Have you applied (past/present) to the Commissioner of Police for a Firearm License or Certificate?
YES: () NO: ()
12. Have you been a Member of any Rifle Club or Association **prior** to this application? YES () NO ()
If YES, state which:
13. If granted, state the following:-
F.U.L. #..... F.U.E.C. #:

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.

Firearm Make & Model: Calibre: Serial #.....

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14. Emergency Contact:

Name:Tele: (M): (H):

(W): Other:

- Reason/Interest in seeking membership to the Trinidad Rifle Association:

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THIS APPLICATION MUST BE SUBMITTED WITH THE FOLLOWING:-

- Four (4) recent passport size photographs on a white background.
- Police Certificate of good character. (valid for 3months only)
- Doctor Medical for Vision & Fitness (valid for 3months only)
- The sum of \$1800.00 + 12.5% vat, **Payable upon Approval of Your Application.**
- This application must be endorsed two members of the Trinidad Rifle Association
- 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 form are true in all respect. 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 law suits 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:

TRA USE ONLY: Amount received: \$..... Receipt #: Date:-.....

Application received: Interviewed on:

Comments:

TRA ID NUMBER ISSUED: Date of Approval: Signature:

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