



(All Fields in this Form are mandatory)

MEMBER REGISTRATION FORM

MEMBER NAME :

(Use Capital Letter Only)

FIRST

MIDDLE

SURNAME

Father's Name :

(Use Capital Letter Only)

Date of Birth :

Paste one photograph here

License No. if Available :

(Type of Weapon held)

Don't Staple

Event : (Please ✓ in relevant box) **Pistol** **Rifle** **Shortgun**

Sex : (Please ✓ in relevant box) **Male** **Female**

Address :

City :

State :

Pin Code :

Contact :

E-mail :

Witness by Executive Member Signature _____

DECLARATION : I hereby declare and confirm that all entries provided in this registration form are correct I undertake that in case any information furnished by me is found to be false or incomplete or any material information concealed by me, my registration may be cancelled and all my claims for the registration will stand forfeited.

(Signature of Member)

(Signature of Parents / Guardians)
(in case of under 18 only)

Place :

(Signature of V. President / Secretary of DRSA with Stamp)

Date :

DISTRICT RIFLE SHOOTING ASSOCIATION®

Off. No. 1, Giani Farm, VPO Khambra, Jalandhar 144-026.
Secretary 98723-01717, Treasurer 99140-12121 E-mail : drsa.jalandhar@gmail.com