



Ulster Clay Pigeon Shooting Association

The Governing body for Clay Target Shooting in Northern Ireland

2023-24 MEMBERSHIP APPLICATION please use capitals and print clearly.

FULL NAME _____

FULL ADDRESS _____

COUNTY (Must be stated) _____ POSTCODE _____

TELEPHONE NUMBER _____ FIREARMS CERTIFICATE No. _____

Is there any restriction legal or otherwise why you may not own or use a firearm in Northern Ireland? YES / NO (delete as necessary) If YES please provide details with this application.

Have you ever been a member of another Clay Pigeon Governing Body? (delete as necessary) YES / NO

If YES please attach on separate sheet membership number and any discipline classification held.

Failure to disclose this information will result in disciplinary action by the ICTSC.

I wish to apply for membership of the UCPSA in the following category. (Please tick)

FULL (£60)

OVER 75 YRS (£30)

JUNIOR (U21 YRS) (£25)

Date of birth / / Recommending Club if any: _____

COLTS (u 16) Please use separate Colts Application Form

To receive information from the Association (such as accounts, notice of AGM etc.) by electronic means please give your e-mail address: _____

I apply for membership the Ulster Clay Pigeon Shooting. I understand that the above information will be held by the UCPSA in electronic form and that it will not be distributed to any third party but held by the Association for membership purposes only

SIGNED _____ DATE / /

All rates are inclusive of £5,000,000 Public liability Insurance.

Tick here if paid by Bank Transfer Bank details: Sort Code 09-01-50 Account 04139844

Cheques should be payable to "UCPSA" , return with this form to the secretary address at bottom of this form:

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W - www.ucpsa.com E - ucpsasec@hotmail.co.uk T- [028 25898075](tel:02825898075) Reg No [NI 025213](http://NI025213)
Secretary - [Sandra Barr, 60 Shankbridge Road, Ballymena, Co Antrim, BT42 3DL](mailto:Sandra.Barr@ucpsa.com)



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COMMITTEE APPROVAL GIVEN ON: _____

SIGNED (CHAIRMAN) _____