**Delhi State Rifle Association**

D-77 Panchsheel Enclave, New Delhi-110017. Ph: 9811461320

Email: [delhistaterifleassociation@gmail.com](mailto:delhistaterifleassociation@gmail.com); [mail.dsra@gmail.com](mailto:mail.dsra@gmail.com) Web: [www.dsra.in](http://www.dsra.in)

**MEMBERSHIP FORM**

**Instructions for filling up the form**

1. The form should be filled Online in MS-Word and then printed and signed. Press ESC key when the file opens in Word, for enabling keyboard input. Sign on all pages at the bottom.
2. All the columns should be answered. If a question does not apply to you then please mention N/A.
3. In case of students, the School/ College name and address should be mentioned in the office address.
4. In case of Minors (below 18 years) the Form should be counter signed by parents of the applicant.
5. Cheque/Draft should be made in favour of **Delhi State Rifle Association.**
6. Attested photocopy of proof of address and age should be submitted.
7. Passport/Voter I Card/Arms License will be accepted as proof of residence. In case of Minors either Passport or a letter containing an attested photograph of the applicant from the educational institution of which he/she is a student will be accepted as address proof.
8. Medical Fitness certificate regarding physical and mental health should be submitted.
9. Copy of Arms License should be submitted if the applicant holds an Arms License.
10. Copy of Membership card should be attached in case the applicant is a member of NRAI or any other State Shooting Body/Association or any club.
11. Copy of F.I.R should be attached in case the applicant is involved in any criminal case/act.
12. Municipal Birth Certificate should be attached in case of Juniors.

The details of various Categories of Membership and the Membership Fee is as under:

* **Life Membership** - This membership is valid for lifetime with the fee paid at the time of joining. This membership is available for Rs. 30,000/-.
* **Annual Membership** - This membership is valid initially for 5 years after which, it can be renewed annually by paying the annual subscription. Membership fee is Rs 20,000/- plus Rs 5,000/- towards annual subscription for the next five years. Annual subscription is Rs 1000/- per annum,
* **Junior Membership** - This membership is for children below the age of 21 years. This membership shall remain valid till the age of 21 years. Membership fee is Rs. 5,000/-.
* **Foreign National Membership** - This membership is for foreign nationals and this membership is available for Rs. 50,000/-.
* **Associate Membership** - This membership is for Armed Forces / Services personnel who are on temporary posting in Delhi. Membership fee is Rs. 15,000/-.
* **Non-Resident Annual Membership** - This category is for those who are not permanent residents of Delhi. This membership is available for Rs. 15,000/- plus Rs 5,000/- towards annual subscription for the next five years @ Rs 1000/- per annum.
* **Affiliated/Institutional Membership** - This membership is for Institutions and Clubs who wish to promote shooting sport in Delhi. Membership fee is Rs. 15,000/- plus Rs. 2,000/- towards annual subscription - @ Rs. 2,000/- per annum.
* **EWS Category Membership** - This membership is for Economically Weaker Sections (EWS) of society. Membership fee is Rs. 101/-. This membership is valid for one year; which can be renewed every year on payment of Re. 1/- as renewal fee. The renewal is subject to approval of Governing Body.
* **Representative Membership** - This membership is for the people who wish to represent Delhi State in all shooting competitions organized by National Rifle Association of India. Membership fee is Rs. 15,000/- and is valid for lifetime.

**Note:**

A discount of 25% is available for blood relatives and spouses of existing DSRA members.

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Affix one passport size photograph

**FOR OFFICE USE ONLY**

Receipt No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership No. \_\_\_\_\_\_\_\_\_\_\_ Validity: \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Category of Membership applied for (in CAPITALS)** | **Click here to enter text.** | | | | | | | |
| **Membership Fee Cheque No. and Date** | Click here to enter text. | | **Drawn on** | Click here to enter text. | | | | |
| **NAME OF APPLICANT** | **Click here to enter text.** | | | | | | | |
| **If known by any other name** | Click here to enter text. | | | | | | | |
| **Date of Birth (dd-mm-yy)** | Click here to enter text. | | **Male / Female** | | | | Click here to enter text. | |
| **Place of Birth** | Click here to enter text. | | **Nationality** | | | | Click here to enter text. | |
| **Blood Group (if known)** | Click here to enter text. | | **Marital Status** | | | | Click here to enter text. | |
| **Name of Father** | Click here to enter text. | | **Occupation** | | | | Click here to enter text. | |
| **Name of Mother** | Click here to enter text. | | **Occupation** | | | | Click here to enter text. | |
| **Name of Spouse**  **(if married)** | Click here to enter text. | | **Occupation** | | | | Click here to enter text. | |
| **Present Address** | Click here to enter text. | | | | | | | |
| Click here to enter text. | | | | | | | |
| **Permanent Address** | Click here to enter text. | | | | | | | |
| Click here to enter text. | | | | | | | |
| **Phone No. (Mobile)** | Click here to enter text. | | **Phone (Res.)** | | | | Click here to enter text. | |
| **Email ID** | Click here to enter text. | | | | | | | |
| **Occupation of Applicant** | Click here to enter text. | | | | | | | |
| **Brief Description of your work** | Click here to enter text. | | | | | | | |
| Click here to enter text. | | | | | | | |
| **Office Address and Phone** | Click here to enter text. | | | | | | | |
| **Residing in Delhi since** | Click here to enter text. | | **Domicile** | | | | Click here to enter text. | |
| **Educational Qualification** | Click here to enter text. | | | | | | | |
| **Name & Address of School attended** | Click here to enter text. | | | | | | | |
| **Name & Address of College attended** | Click here to enter text. | | | | | | | |
| **Experience in Shooting (if any)** | Click here to enter text. | | | | | | | |
| Click here to enter text. | | | | | | | |
| **NRAI Membership No.** | Click here to enter text. | **Shooter’s ID #** | | | Click here to enter text. | | | |
| **Are you member of any other State / District Rifle Club or Association?** | Click here to enter text. | **If yes, please attach details & copy of M/Card** | | | Click here to enter text. | | | |
| **Is anyone in your family a member of any other State / District Rifle Club or Association?** | Click here to enter text. | **If yes, please attach details & copy of M/Card** | | | Click here to enter text. | | | |
| **Have you ever represented any other State or Unit in shooting?** | Click here to enter text. | **If yes, please provide details** | | | Click here to enter text. | | | |
| **Do you have a Arms License?** | Click here to enter text. | **If yes, attach copy of License** | | | Click here to enter text. | | | |
| **Have you ever been involved in any criminal case / act ? If yes, provide details.** | Click here to enter text. | | | | | | | |
| Click here to enter text. | | | | | | | |
| Click here to enter text. | | | | | | | |
| **Why do you wish to be a member of DSRA ?** | Click here to enter text. | | | | | | | |
| Click here to enter text. | | | | | | | |
| **Have you applied for DSRA membership before** | Click here to enter text. | | | | | | | |
| **Any claims for special consideration for grant of membership** | Click here to enter text. | | | | | | | |
| Click here to enter text. | | | | | | | |
| **DECLARATION** | I hereby declare that I am not a member of any organisation or group which has in any part of its programme, an attempt to throw out the Govt of India by force, violence or any other illegal means. If further certify that I am not associated with any person or group who is in any manner related to any kind of terrorist acts. I wish to join Delhi State Rifle Association (DSRA) with the sole aim to learn and practice target shooting sports. I declare that I have never been involved in any criminal case / act. I undertake that if admitted to the privilege of membership of DSRA, I shall faithfully endeavour to fulfil the obligation sof sportsmanship. I further declare that I have read the Memorandum and Rules of Association and fully agree to abide by them as they are at present or as they hereafter be so modified or altered. I also understand that if any information given by me is found to be incorrect or false, my membership shall be liable for cancellation. | | | | | | | |
| **Signature of Applicant** |  | | | | | **Date** | |  |
| **Signature of Parent, in case of minor** |  | | | | | | | |

**Print this page and fill up by hand and sign**

**Recommendation by a Gazetted Officer of Government of India OR**

**a member of the Governing Body of Delhi State Rifle Association**

I certify that the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is personally known to me and I have verified all supporting documents attached with this application from the original documents and on being satisfied about the authenticity of the same, I have hereby recommend the above applicant for becoming a member of Delhi State Rifle Association.

Signature of Gazetted Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Telephone Number

of the Gazetted Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Recommendation by any 2 Adult Life / Annual Members**

**of Delhi State Rifle Association**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Life Member / Annual Member Membership No. Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Life Member / Annual Member Membership No. Signature

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Membership Approved / Rejected : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the Governing Body meeting dated : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Category of membership approved : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership Number allotted : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Hony. Secretary : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_