## UNITED KINGDOM PRACTICAL SHOOTING ASSOCIATION RENEWAL FORM

PLEASE COMPLETE IN BLOCK CAPITALS (except email address)

| First Names (in full)                                                      |                                                                                                       |                                                | Surname                                                                                                   |                                         |  |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------|--|
| UKPSA Member                                                               | rship No                                                                                              |                                                |                                                                                                           |                                         |  |
|                                                                            |                                                                                                       |                                                |                                                                                                           |                                         |  |
|                                                                            |                                                                                                       |                                                |                                                                                                           |                                         |  |
|                                                                            |                                                                                                       |                                                |                                                                                                           |                                         |  |
| County                                                                     | Post Code                                                                                             |                                                | email                                                                                                     |                                         |  |
| Home Tel                                                                   | Work Tel                                                                                              |                                                | Fax                                                                                                       |                                         |  |
| Mobile                                                                     | Da                                                                                                    | ate of Bi                                      | rth                                                                                                       |                                         |  |
| FAC Number                                                                 | A                                                                                                     | Authority_                                     | Expiry                                                                                                    | Date                                    |  |
|                                                                            |                                                                                                       |                                                | thorityExpiry Date                                                                                        |                                         |  |
|                                                                            |                                                                                                       |                                                | evoked (partially or fu                                                                                   |                                         |  |
|                                                                            | e full details on a sepa                                                                              |                                                |                                                                                                           |                                         |  |
|                                                                            |                                                                                                       | -                                              | ) in publications                                                                                         |                                         |  |
| Have <b>any</b> of the                                                     | above details changed                                                                                 | in the las                                     | st year?                                                                                                  | Yes/No                                  |  |
|                                                                            | HIBITED FROM POSSESSING                                                                               |                                                | THE ASSOCIATION AND I I OR AMMUNITION UNDER *                                                             |                                         |  |
|                                                                            |                                                                                                       | Date:                                          |                                                                                                           |                                         |  |
| stamped self addr<br>Membership S<br>If you are a U                        | essed envelope to:<br>ecretary, UKPSA, PO B<br>UK tax payer please could<br>to claim back the tax the | Box 7057, A<br>l you comp<br>us increasi       | Ing cheque made out to<br>Preston, Weymouth, Do<br>lete the form below which<br>ng our income at no furth | rset DT4 4EN 24/1/13 h would enable the |  |
|                                                                            | Note that membersh GIFT AID                                                                           |                                                |                                                                                                           |                                         |  |
| Uni                                                                        | ted Kingdom Practic                                                                                   | al Shooti                                      | ng Association (UKP<br>ty 277566                                                                          | SA)                                     |  |
| Title:For                                                                  | rename(s):                                                                                            |                                                | Surname: _                                                                                                |                                         |  |
| Address:                                                                   |                                                                                                       |                                                |                                                                                                           |                                         |  |
|                                                                            |                                                                                                       |                                                | Post Code:                                                                                                |                                         |  |
|                                                                            |                                                                                                       |                                                | we made since 6 <sup>th</sup> Aproon until I notify you on                                                |                                         |  |
|                                                                            |                                                                                                       |                                                | Date:                                                                                                     |                                         |  |
|                                                                            |                                                                                                       |                                                |                                                                                                           |                                         |  |
| donations in the tax<br>2. You can cancel this<br>3. If in the future your | year (currently 28p for each £1 year (currently 28p for each £1 year)                                 | you give).<br>ving the charit<br>to longer pay | at least equal to the tax that the ey.  ax on your income and capital ga                                  |                                         |  |

If you pay tax at the higher rate you can claim further tax relief in your Self-Assessment tax return.

If you are unsure whether your donations qualify for Gift Aid tax relief, ask the charity. Or ask your local tax office for

Please notify the charity if you change your name or address.

## \*Section 21 of the Firearms Acts 1968 - 1997

It is an offence for someone who is prohibited by Section 21 to have a firearm or ammunition in their possession at any time. Section 21 applies to anybody who has been sentenced to imprisonment or to youth custody or detention in a young offenders' institution for three months or more.

The period for which they are prohibited depends on their length of sentence; if the sentence was longer than three years the prohibition is for life. If the sentence was three months or more but less than three years, the prohibition lasts for five years from the date of their release. It is an offence for a person to transfer, let or hire, give or lend a firearm or ammunition to someone whom he/she knows has reasonable grounds for believing to be prohibited by Section 21.