Gunman Airsoft Membership Application

All information detailed within this application is covered by the Data Protection Act, the information below will not be made available to ANY THIRD PARTIES outside of Gunman Airsoft, without the prior written consent of the applicant.

Please complete this form on your computer and then print out. Once you have attended at least 3 Gunman skirmishe's in not less than 2 months and had this form stamped at each skirmish please hand it in to the registration desk to apply for your membership, you will also need some form of photo ID (e.g. Passport, Photo Driving License).

First Name:	Surname:	
Address 1:		
Address 2:		
Town/City:		
County:		
Post Code:	Country:	
Telephone Number:	Mobile:	
Email:		
D.O.B:	UKARA (Membership number if know	n):
Signature:	Date:	
Attendance (To be stamped and dated by a me	mber of Gunman Airsoft Staff):	
Skirmish 1	Skirmish 2	Skirmish 3
Date:	Date:	Date:
	plication at any time by written letter clearly	
	olication at any time by written letter clearly	

GMA Membership #: