

GUN CLUB AFFILIATION FORM

We, the undersigned authorized office	ers of							
	Name of Gun Club							
with office address at :								
men omoo aaanooo aa .								
No. and Otreat Name / Name of Duild	line (Condo (Codo divisio an	Deven		City / Dyay in a a				
No. and Street Name / Name of Build	ing/Condo/Subdivision	Barangay	7	City / Province				
with firing range located at:								
Street Name /Subdivision	Barangay		City / Province					
Landline No. :	Mobile Mobile	e No.:						
Contact Person:								
Contact i cison.								
Email Address :								
hereby certify that our Gun Club is du				No.				
and that our Gun Club has a current i	recognition/accreditation with the	e PNP Firearms and I	Explosives Office.	766				
We hereby signify the intention of our	gun club to affiliate with the Ph	ilippine Shooters and	Match Officers Co	nfederation and to abide by				
its rules and regulations. We have at	tached a copy of our SEC Regi	stration Certificate;	FEO Recognition/	Accreditation; List of				
Current Officers with their office add	Iress, landline and mobile numb	er, and email address	s; and List of Mem	bers.				
DDINTED NAME & CICNATURE OF	CLIN CLUB SECRETARY	DDINITED NAME 9 C	CICNIATURE OF C	IN CLUB DECIDENT				
PRINTED NAME & SIGNATURE OF	GUN CLUB SECRETARY	PRINTED NAME & S	SIGNATURE OF G	UN CLUB PRESIDENT				
ENDORSED BY:	VASER							
		ER						
DOMOG DIGTDIGTMAN	IA OED		OMOO ZONE DID	OTOD				
PSMOC DISTRICT MAN	NAGER	P	SMOC ZONE DIRI	ECTOR				
APPROVAL RECOMMENDED BY:		APPRO\	/ED BY:					
PSMOC SECRE	ETARY		PSMOC PF	RESIDENT				
	Gun Club Affiliation Fee	. ₱ 3 500						
	Individual Membership	0 2						
	Individual Annual Dues							
	T INDIVIDUAL ANNUAL DUES	. F OUU	ı					

Website: psmoc.org.ph Contact No.: (Globe) +639753577935 (Sun) +639226904704 GUN CLUB LOGO

GUN CLUB INFORMATION FORM

Gun Club:					District		
Mailing Address							
EXPIRED Recognition			FEO Ac	ccreditatio Date	on		
Telephone No.		Email Address					
Fax No.		Web Address					
Contact Person				Contact I	No./Mobile	No.	
Shooting Range Info	rmation					1	
<u>Officer's</u> POSITION	(Last Name, Firs	t Name Middle Name)		(Contact No	o./ Mobile No	. / Fax No.)
President							
Secretary							
Treasurer			Ī				
Shooting Range Othe	er Information		L				
Name							
Address							
Telephone No.		Fax No.					
Members (Only P	SMOC memb	ers should be li	sted)				
PSMOC					MEMBER	SHID	PSMOC
NO. ID NO.	LAST NA	ME, FIRST NAME MIDDI	LE NAME		TYPE		DUES
					in the pa		
					7 77		
					(4.18.4.1)		
					Ja 1202		
	f payment has beer	n remitted or "x" if enclo	sed.			TOTAL	
* Please mark with "*" i	, , , , , , , , , , , , , , , , , , , ,	T 1000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 5150			I O I AL	
* Please mark with "*" i				-			
This is to certify that th	_						-
	th all PSMOC club a	and membership requi					-

CLUB President

CLUB Secretary