



CLUB INFORMATION SHEET

4/F Unit B Strat 2000 Emerald Ave. Ortigas Center Pasig City
 Email: membership.ppsa1984@gmail.com Website: www.ppsa.org.ph

FORM: M1

Gun Club : _____ **Area** : _____

FEO Recognition Expiry Date : _____

FEO Accreditation Expiry Date : _____

Mailing Address : _____

Telephone : _____

Email : _____

Contact Person : _____

Mobile No. : _____

Shooting Range : _____

Address : _____

Telephone No. : _____ Fax No. : _____

Officers

POSITION	LAST NAME	FIRST NAME	MIDDLE NAME	CONTACT NUMBER	EMAIL
President					
Secretary					
Treasurer					

Members (Only PPSA members should be listed)

**Please mark with "/" if payment has been remitted "x" if enclosed*

NO.	PPSA ID NO.	LAST NAME	FIRST NAME	MIDDLE NAME	MEMBERSHIP TYPE	PPSA DUES
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

This is to certify the following:

1. That the information stated above are true and correct.
2. That our members have read and understood the PPSA Code of Conduct and commit to follow and comply with all the rules and regulations contained in the Code.
3. That we shall comply with all PPSA club and membership requirements, including but not limited to, club recognition accreditation with the PNP/FEO, as well as SEC and GIS requirements, in order to maintain its good standing with the PPSA.

CLUB SECRETARY

CLUB PRESIDENT