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Membership Form

Name: _____

Address: _____

DOB: _____ (Attach Proof of DOB & ADD.)

Phone: _____ Resi.Mob.: _____

Name of Parent / Guardian: _____

Address of Parent / Guardian (if different from above): _____

Name and address of School / Educational Institute: _____

Blood Group: _____

New to shooting or already a shooter? If already a shooter, mention details of earlier training venue and number of years into shooting: _____

Seeking Membership [General] for: Tick any of the following

1 Year 2 Years 3 Years 4 Years 5 Years

Preferred Lakshya training centre:

Lakshya Shooting Range Karnala Sports Academy Father Agnel Shooting Range AHIS Vashi

Declaration: The above information given is true and I abide by the same.

Signature of candidate

Signature of parent/guardian (in case of Minor)

For office use only:

Verified by:

Date:

Place:

LAKSHYA SHOOTING CLUB

Plot 16, Road 4, Sector 1, New Panvel, Navi Mumbai - 410206

Email: lakshyashooting@gmail.com Website: www.lakshyashooting.com