



# SOUTH DELHI DISTRICT RIFLE ASSOCIATION (SDDRA) (Regd.)

(Affiliated to Delhi State Rifle Association)

B-9 Kalindi Colony, Ring Road, New Delhi-110065.

Ph: +91 9811079790, 9899220330 | Email: membership@sddra.in

www.sddra.in

## MEMBERSHIP FORM

### Instructions for filling up the form

1. The form should be filled Online in MS-Word/ OpenOffice/ LibreOffice and then printed and signed. Sign on all pages at the bottom.
2. All the columns should be answered. If a question does not apply to you then please mention N/A.
3. **Only residents of Delhi can apply for membership.**
4. In case of students, the School / College name and address should be mentioned in the office address.
5. In case of Minors (below 18 years) the Form should be counter signed by parents of the applicant.
6. Municipal Birth Certificate should be attached in case of Juniors / Minors.
7. Attested photocopy of proof of address and age should be submitted.
8. Passport / Aadhar Card / Voter Card / Arms License will be accepted as proof of residence. In case of Minors either Passport or a letter containing an attested photograph of the applicant from the educational institution of which he/she is a student will be accepted as address proof.
9. Copy of Arms License should be submitted if the applicant holds an Arms License.
10. Copy of Membership card should be attached in case the applicant is a member of NRAI or any other State Shooting Body/Association or any club.
11. Bank Draft should be made in favour of **South Delhi District Rifle Association (SDDRA)**, payable at Delhi.

The details of Membership and the Membership Fee is as under:

- **Annual Membership** - This membership is valid initially for 1 year after which, it can be renewed annually by paying the annual membership fee. Joining fee is ₹ 5,000/- initially plus ₹ 1,000/- for first year as Annual membership fee. A cheque for ₹ 6000/- should be enclosed with the application. Annual membership fee is ₹ 1000/- per annum, payable in April of each year, in advance.  
**In case the applicant is a student and under 21 years of age, the joining fee is ₹ 1500/- and annual membership fee of ₹ 500/- is payable every year. A cheque of ₹ 2000/- should be enclosed with the application and the Membership Form should be signed and stamped by the Principal of the school / college.**

### Note:

1. A discount of 50% is available for differently-abled applicants. A certificate from competent authority should be attached.
2. Reduction in Membership Fee can be considered on special need basis, to be approved by the Governing Body.
3. A member shall cease to be a member of the Association on account of either resignation, or non-payment of annual fee or having been found guilty of any offence in the opinion of the Governing Body. The findings of the Governing Body shall be final and binding.
4. If any declaration given by any member at the time of application is found to be false, his / her membership is liable to be terminated forthwith.
5. Membership shall automatically get cancelled if not renewed within the stipulated period.
6. In case of delay in payment of annual fee beyond 30 days, an applicant is liable to pay Rejoining Fee of ₹ 5000/-.

I declare that I have read the above terms and agree to abide by them.

Applicant's Signature \_\_\_\_\_



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**FOR OFFICE USE ONLY**

Receipt No. \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Category: \_\_\_\_\_ Membership No. \_\_\_\_\_ Validity: \_\_\_\_\_

Affix one  
passport sized  
photograph  
here. Clip the  
second one.

<b>Category of Membership applied for (in CAPITALS)</b>			
<b>Membership Fee Cheque No. and Date</b>		<b>Drawn on</b>	
<b>NAME OF APPLICANT</b>			
<b>If known by any other name</b>			
<b>Date of Birth (dd-mm-yy)</b>		<b>Male / Female</b>	
<b>Place of Birth</b>		<b>Nationality</b>	
<b>Blood Group (if known)</b>		<b>Marital Status</b>	
<b>Name of Father</b>		<b>Occupation</b>	
<b>Name of Mother</b>		<b>Occupation</b>	
<b>Name of Spouse (if married)</b>		<b>Occupation</b>	
<b>Present Address</b>			
<b>Permanent Address</b>			
<b>Phone No. (Mobile)</b>		<b>Phone (Res.)</b>	
<b>Email ID</b>			
<b>Occupation of Applicant</b>			
<b>Brief Description of your work</b>			
<b>Office Address and Phone</b>			
<b>Residing in Delhi since</b>		<b>Domicile</b>	
<b>Educational Qualifications</b>			
<b>Name &amp; Address of School attended</b>			
<b>Name &amp; Address of College attended</b>			
<b>Experience in Shooting</b>			
<b>NRAI Membership No.</b>		<b>Shooter's ID #</b>	

Applicant's Signature \_\_\_\_\_



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<b>Are you member of any other State / District Rifle Club or Association?</b>		<b>If yes, please attach details &amp; copy of M/ Card</b>	
<b>Is anyone in your family a member of any State / District Rifle Club or Association?</b>		<b>If yes, please attach details &amp; copy of M/ Card</b>	
<b>Have you ever represented any other State or Unit in shooting?</b>		<b>If yes, please provide details</b>	
<b>Do you have a Arms License?</b>		<b>If yes, UID No., &amp; photocopy of License</b>	
<b>Have you ever been involved in any criminal case / act ? If yes, provide details.</b>			
<b>Why do you wish to be a member of SDDRA ?</b>			
<b>Any claims for special consideration for grant of membership</b>			
<b>DECLARATION</b>	<p>I hereby declare that I am not a member of any organisation or group which has in any part of its programme, an attempt to throw out the Govt of India by force, violence or any other illegal means. I further certify that I am not associated with any person or group who is in any manner related to any kind of terrorist acts. I wish to join South Delhi District Rifle Association (SDDRA) with the sole aim to learn and practice target shooting sports. I declare that I have never been involved in any criminal case / act. I undertake that if admitted to the privilege of membership of SDDRA, I shall faithfully endeavour to fulfil the obligation of sportsmanship. I further declare that I have read the Memorandum and Rules of Association and fully agree to abide by them as they are at present or as they hereafter be so modified or altered. I also understand that if any information given by me is found to be incorrect or false, my membership shall be liable for cancellation.</p>		
<b>Signature of Parent, in case of minor</b>		<b>Date</b>	

Applicant's Signature \_\_\_\_\_



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Print this page and fill up by hand and sign

## Recommendation by a Gazetted Officer of Government of India

I certify that the applicant \_\_\_\_\_ is personally known to me and I have verified all supporting documents attached with this application from the original documents and on being satisfied about the authenticity of the same, I have hereby recommend the above applicant for becoming a member of South Delhi District Rifle Association (SDDRA).

Signature of Gazetted Officer:

\_\_\_\_\_

Name & Telephone Number of the Gazetted Officer:

\_\_\_\_\_

Official Stamp:

\_\_\_\_\_

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## Recommendation by any 2 Adult Life / Annual Members of SDDRA or Delhi State Rifle Association

\_\_\_\_\_  
Name of Life Member / Annual Member

\_\_\_\_\_  
Membership No.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Life Member / Annual Member

\_\_\_\_\_  
Membership No.

\_\_\_\_\_  
Signature

### FOR OFFICE USE

Membership Approved / Rejected : \_\_\_\_\_

In the Governing Body meeting dated : \_\_\_\_\_

Category of membership approved : \_\_\_\_\_

Membership Number allotted : \_\_\_\_\_

Signature of Hony. Secretary : \_\_\_\_\_

Applicant's Signature \_\_\_\_\_