

Mysore District Rifle Association

APPLICATION FOR MEMBERSHIP

Issued on: / /	Submitted	on: /	/	Poforonco Numbor:
MEMBERSHIP CATEGORY	Donor Li	fe	Ordinary	Reference Number:

Welcome to the MDRA!

Please fill in all the below mentioned particulars to the best of your knowledge. Attach the following:

- Identity Proof (Any of: Voters ID, Aadhar, Passport, Ration Card)
- Address Proof (Any of: Aadhar, Passport, Ration Card, Lease paper)
- Occupation Proof (Any of: Employment ID, Student ID, Business Registration)
- 'Request to join' letter (Addressed to the Secretary, M.D.R.A.)
- 2 Passport size and 1 stamp size photograph of self (Name written on the reverse of the photographs)
- · Gun License if any.

Submit the duly filled application to the M.D.R.A. office, with required documents. Collect the 'Submission Receipt'. On processing of your application by the Managing Committee, you will be intimated of the joining formalities, if selected, by phone or email. Please contact M.D.R.A. office if your intimation is delayed by more than one month.

All decisions of the Managing Committee are under the sole descretion of M.D.R.A.

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DECLARATION																		
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*I hereby state my desire to join the group or faction that is against the I	Nationa	.A. 🛪 i C	est of our	acı anı countr	v. *I h	ave neve	r beei	n conv	i mai	a. 🛪 i aii of anv	rnot a crime.	men ∗I ha	ive fully	unders	tood and	abide by		
group or faction that is against the National Interest of our country. *I have never been convicted of any crime. *I have fully understood and abide by the Rules and Regulations, including the Disciplinary Charter of the M.D.R.A. *I or any of my family members are not involved in any kind of trade,																		
supply, distribution or sale of any type of arms and ammunition. *I declare all the above furnished information True to the best of my knowledge. (In case of minors aged below 18 years as of date of submission, the declaration should be signed by either parent.)																		
Applicant Signature Place																		
(Include Parent name in case of minors)																		
Date																		
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