



WPAC

WOLF PACK AIRSOFT CLUB

Membership Enrolment Application Form

Date of Application - _____

Membership No. - _____

Applicant Name & Surname	
Date of Birth	
ID Number	
Address of Residence	House –
	Street –
	Locality –
	Post Code –
Contact Number	
Emergency Number	
Email Address	

Application seconded by _____

Member No. _____

(Documents Required)

Police Conduct (original & recent)	
Medical – Certificate of good health	
Photo Submitted x 2	

(Medical)

I hereby certify that the applicant is known to me as a person of sound moral character who is mentally and physically fit, and that in my professional opinion there is nothing that could impede the applicant from practicing the Sport of Airsoft.

Date: _____

Doctor Stamp & Signature: _____

WPAC
Wolf Pack Airsoft Club
wolfpackairsoftclub@gmail.com

Form 'A'

By signing this form, I the undersigned applicant declare that details within this form are correct and, subject to approval of this application by the WOLF Administration Committee.

- A. I formally wish to enroll as a member of Wolf Pack Airsoft Club
- B. I agree to abide by all the terms and regulations of the Club Statute and any rules and policies established from time to time by the Administrative Committee
- C. I agree to comply with the directions of designated Club Officials during events organized by/for WPAC
- D. I agree and accept that WPAC Committee shall process and file my details in accordance with the General Data Protection Regulations (GDPR) for the duration of my membership
- E. I shall notify the WPAC Committee in the event of any changes to any details submitted within this form
- F. I accept that my membership will not be active until this form is approved by the WPAC Committee and any decision by the said committee on whether my application is accepted or not, is final
- G. In the case of an under 18 years of age Member Application, the undersigned Legal Guardian is legally authorizing to sign on my behalf

ID Number -

ID Number -

Applicant Full Name

Legal Guardian Full Name

Applicant Signature

Legal Guardian Signature

(For Club use only)

Third Party Insurance Owned / Required		
W.P.A.C. Patch	€5	
Enrolment Fee	€10	
Membership Fee	€30	
Insurance Premium	€16	
Photo Submitted x 2		
Police Conduct (original & recent)		
Medical Certificate of good health		
Signed release of liability submitted		
Date of Approval		
Membership Approval Signature		

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