

# SSAA SUNRAYSIA PISTOL CLUB

Established 1991

Address: P.O. Box 3107  
Mildura 3502

Email: [pcarter@ncable.com.au](mailto:pcarter@ncable.com.au)

## FORM 1 - APPLICATION FOR MEMBERSHIP OF THE SSAA SUNRAYSIA PISTOL CLUB

*Membership is subject to the approval of the Chief Commissioner of Police and the Club's Executive and is provisional for a period of 6 months.*

**FULL membership** is only available to SSAA members.

**JUNIOR membership** is available only to SSAA members under 18 years of age.

SSAA membership number

Expiry date

I am applying for

**FULL (\$30.00)**  **JUNIOR (\$25.00) membership**

<b>Family name</b>			
<b>Given names</b>			
<b>Residential address</b>			
<b>Postal address</b>			
<b>Date of birth</b>		<b>Place of birth</b>	
<b>Nationality</b>		<b>Occupation</b>	
<b>Private telephone</b>		<b>Business telephone</b>	
<b>Mobile telephone</b>			
<b>Email: (Mandatory)</b>			

Are you, or have you been, subject to epilepsy blackouts or any similar condition affecting muscular control and co-ordination?

Yes  
 No

Applicants are required to have their fingerprints taken by the Victorian Police for a background check. Are your fingerprints on file with the Police?

Yes  
 No

Why? \_\_\_\_\_

(Please provide a brief explanation.)

I declare that I am not a "Prohibited Person" as defined under the Firearms Act 1996.

I declare that I will abide by the Club's constitution and rules, and fulfil the obligations of good sportsmanship.

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Proposer's signature \_\_\_\_\_ Proposer's name \_\_\_\_\_

**(The proposer MUST be a current financial member of SSAA Sunraysia Pistol Club)**

*The completed application MUST be handed to the Club Secretary together with Form 2 receipt and one (1) current passport size photo of the applicant with name printed on the back.*

Secretary's notes:      Receipt number \_\_\_\_\_ Date joined \_\_\_\_/\_\_\_\_/\_\_\_\_