



SSAA SUNRAYSIA PISTOL CLUB, EST 1991



PO Box, 3107 Mildura 3502, Email: spcsunraysia@gmail.com

Membership Renewal of the SSAA Sunraysia Pistol Club.

Membership is subject to the approval of the Chief Commissioner of Police and the Club Executive and is a provisional for a period of 6 Months.

☐ Full Membership (adult) (\$20.00) ☐ Junior Membership (\$15.00)

SSAA Membership Number: _____ Expiry Date: ____/____/____

Full Name: _____

Residential Address: _____

Postal Address: _____

Date of Birth: ____/____/____ Place of Birth: _____

Nationality: _____ Occupation: _____

Private Ph: _____ Business Ph: _____ Mobile Ph: _____

Email: (Mandatory): _____

Handgun Licence Number: ____/____/____ Expiry Date: ____/____/20____

Are you, or have you been, subject to epilepsy blackouts or any similar condition affecting muscular control and co-ordination? ☐ Yes ☐ No

☐ 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: ____/____/____

The completed application MUST be handed or Emailed to the Club Secretary

EFT Details: BSB: 063 520 Account: 1032 7452 Commonwealth Bank, Mildura.

Add your **SSAA Membership number** to the BANK Receipt.

Receipt Number. _____