SSAA SUNRAYSIA PISTOL CLUB, EST 1991

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

Application for Membership 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) ($40.00) ☐ Junior Membership ($35.00)

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): _____

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 1 current passport size photo of the applicant with name printed on the back.

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

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

Receipt Number._____

Attach Passport Size Photo