



Adelaide Pistol & Shooting Club Inc.

Application for Membership

P.O. Box 610 Two Wells S.A. 5501

Phone: (08) 8520 2666 E-mail: secretary@apsc.org.au

SURNAME _____

GIVEN NAMES _____

HOME ADDRESS _____

POSTCODE _____

POSTAL ADDRESS _____

POSTCODE _____

SEX _____

DATE OF BIRTH ___/___/____

HOME PHONE _____ MOBILE NUMBER _____

EMAIL _____

MARITAL STATUS _____

EMPLOYED BY _____

PHONE _____

FIREARMS LICENCE _____ EXP DATE _____

CATAGORIES A,B,C,D,H (CIRCLE)

Can you read and understand English YES/NO

Have you ever been refused membership of a shooting Club YES/NO

If Yes details. _____

Have you ever been a member of another shooting club YES/NO Name of Club _____

Other than minor traffic offences, have you ever appeared before a court of law, panel or other judicial board YES/NO

If YES state when, type of offence and penalty assessed. _____

Have you any pending prosecutions YES/NO

Details: _____

DECLARATION: I declare that I have no mental or physical disability which would render me unsafe in the handling of firearms. And that all particulars set out in the application for membership are true and correct and contain no deliberate omissions. I agree to abide by the Constitution, rules and By Laws of the club and pay my membership subscriptions when due. I understand that any misrepresentation or omission on this application, or any conduct that may prejudice the reputation of the club, or affiliated associations or the safety of the members or public generally, will be sufficient cause for my dismissal from the club, if my membership is accepted.

Signature _____

Date ___/___/____

Declared and subscribed at _____ in the state of South Australia

This _____ day of _____ 20____

Before Me _____ (Justice of the Peace) _____

**Membership is subject to successful SAPOL fit and Proper person check as required by Regulation 48*

FOR CLUB USE:

Date Joined ___/___/____

Member Number _____ Type _____

Date Paid ___/___/____

SARPA YES/NO

Amount Paid \$ _____

Balance Due \$ _____

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If you do not hold a shooting club member's licence please attach a certificate from the Registrar certifying that you have applied for a shooting club member's licence. (Must not be greater than 21 days old)

Section 38AA(a) Regulations under the Firearms Act 1977

REFEREE 1

I (Full Name)

Of (address)

Contact Phone Business Hours _____ Phone After Hours _____

Declare that:

I have known the names of applicant names on this form for 2 years or more.

I believe this person to be of good character.

I recommend this person is suitable to be a member of this shooting club.

Referee 1 Signature _____ Date _____

REFEREE 2

I (Full Name)

Of (address)

Contact Phone Business Hours _____ Phone After Hours _____

Declare that:

I have known the names of applicant names on this form for 2 years or more.

I believe this person to be of good character.

I recommend this person is suitable to be a member of this shooting club.

Referee 2 Signature _____ Date _____

Version 2.2 August 2018

Version 2.1 January 2018

Version 2 July 2016

Version 1 2013