

# APPLICATION FOR MEMBERSHIP (PISTOL CLUB)

The Secretary  
Kurrajong Pistol Club Inc.  
P.O. Box 36  
Kurrajong NSW 2758

Date: / /

Full name: .....DOB: / /

Address: .....Post Code:.....

Phone No:.....Mobile No: .....Email Address: .....

Occupation: ..... Employer: .....

I wish to apply for **Full Membership/Junior Membership/ Associate Membership** (strike out which is non applicable) of the Kurrajong Pistol Club Inc. (Note: Junior membership requires parental/guardian consent and that person is required to attend at all times when the nominated junior attends at the Kurrajong Pistol Club Inc).

I understand that I will need to provide acceptable Photo identification and any other supporting identification required/requested to support this application.

## **If Applicable:**

\*\*\*H Firearm Licence No: .....Expiry date: / /

\*\*\* Category of Pistols owned (Please circle: **1**.Air Pistol **2**. Rimfire **3**. Centrefire)

\*A & B Firearm Licence No: .....Expiry date: / /

\* SSAA Membership No:.....Expiry date: / /

## **DECLARATION:**

I agree to abide by all of the rules of the Kurrajong Pistol Club Inc as set out in the Clubs Current Constitution and its By-Laws. In addition, to abide by the rules set out by Pistol Australia, NSWAPA and NSW Firearms including attendance requirements.

I fully understand and agree that my application is subject to acceptance by the Kurrajong Pistol Club Inc Committee and in the event that the application is declined, the club is not required to provide the reason for declining my application.

Yours Sincerely:

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1. Nominated by Club Member: (Current member)

(Print Name): .....Sign:.....

2. Seconded by Club Member: (Current member)

(Print Name): .....Sign:.....

\*References attached if applicable.

## **FEE(S) APPLICABLE:**

**\*Joining Fee:** Adult (over 18 years) **\$110.00** Junior 12 to 17 years **\$55.00**

**Please Note:** The joining fee is applicable to **ALL** applications irrespective of category.

\*\*All fees paid to the club are Non-Refundable.

\*\*Members rejoining are also subject to this fee.

**\*Membership Fees:** (Fees subject to annual review and Pro-Rata rates apply)

Adult (over 18 years): Full year: 1st November to 31st October \$220.00pa  
1st Half of Year: 1<sup>st</sup> November to 30<sup>th</sup> April \$110.00  
2nd Half of Year: 1<sup>st</sup> May to 31st October \$110.00

Junior (under 18 years) Full year: 1st November to 31st October \$110.00pa  
1st Half of Year: 1<sup>st</sup> November to 30<sup>th</sup> April \$55.00  
2nd Half of Year: 1<sup>st</sup> May to 31st October \$55.00

Associate Member: Full year: 1st November to 31st October \$220.00pa  
1st Half of Year: 1<sup>st</sup> November to 30<sup>th</sup> April \$110.00  
2nd Half of Year: 1<sup>st</sup> May to 31st October \$110.00

(Associate member cannot vote on any matters at any meeting relating to the club or stand for a committee position).

**\*\*There is no grace period for renewal and membership fee renewals are required to be paid by the DUE DATE as shown above.**

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**\*Capitation Fee (Insurance):** (Pro-Rata rates apply under NSWAPA and subject to annual review). **NOTE:** This fee to be paid with membership fee.

Adult (over 18 years): Full year: 1st November to 31st October \$100.00pa  
Pro-Rata 2nd Half of Year: 1<sup>st</sup> May to 31st October \$50.00

Junior (under 18 years): Full year: 1st November to 31st October \$50.00pa  
Pro-Rata 2nd Half of Year: 1<sup>st</sup> May to 31st October \$25.00

Associate Member: Covered under your Home Club: Note: NSWAPA Blue Card to be sighted to verify club membership is current and capitation is current/paid to date.

## **OFFICE/CLUB USE ONLY**

### **APPLICANT IDENTIFICATION:**

\* NSW D/L No: ..... Expiry Date: / /

\* Medicare Card No: ..... Expiry Date: / /

\* NSWAPA Blue Card Sighted and current (Associate Membership) YES/NO

\* Other acceptable identification: .....

\*\* Personal Reference provided: .....

**\*\*I/D Accepted Yes/No**

**Accepted (Club Secretary/Committee person to sign).....**

\*\*\*\*\*

**Date application lodged with Club Secretary/ Committee person: / /**

**\*\*Accepted/Decline Membership by Committee at meeting Dated: / /**

## APPLICATION FOR MEMBERSHIP (PISTOL CLUB)

**\*\* Membership number allocated: \_\_\_\_\_**  
**(Previous club membership number allocated if applicable: \_\_\_\_\_)**

**\*\* Probationary Period 12 months applicable? YES/NO**

**\*\* Copy of Club Constitution handed out to new member if membership application approved. Date:    /    /**

**\*\* Copy of Club Standing Orders read by applicant and acknowledged Date    /    /**

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