

SSAA SILVERDALE PISTOL CLUB NEW MEMBERS DETAILS AGREEMENT

All applicable questions must be answered correctly before acceptance of membership.

All members must sign and agree to comply with the current Firearms Laws and SSAASPC By Laws. Renewal fees are due 1st November and Payable by that Date other wise rejoining fee will become applicable. **Joining Fee \$60.00. Junior \$30.00 . Annual Fee Inc APA \$110.00 . Junior Inc APA \$50-00. Associate \$40-00.**

Firearm Act Requirement. That new members must submit TWO CHARACTER REFERENCES from persons who are of or above the age of 18 years and who have known the applicant for at Least TWO YEARS .Two passport size photos required ,Be a Member of the **SSAA. Sydney Branch.** Also transfer from another Club if applicable .

Silverdale Web Site. silverdalepistolclub.com For more information on the Club Activities.

Surname:.....Given Name:.....

Residential Address:.....

Postal Address:.....

DRIVERS LICENCE NO.....

DOB:.....Club ID No:.....Joining Date:...../...../.....

Firearms License No:.....Expiry Date:...../...../.....

HI CALIBRE PISTOL PERMIT NO.....IF APPLICABLE

SSAA Membership No:.....Expiry Date:...../...../.....

Home Phone No:.....Mobile:.....Email.....

Work Phone No:.....Occupation:.....

If applicable all members that own category H firearms are required to supply pistol details to the club.

Make:.....Model:.....Serial No:.....Calibre:.....Kind.....

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Please write in space provided not on separate sheet if further space required use back of form please.

IAgree to comply with the Firearms Regulations, and Rules set out by

The SSAA Silverdale Pistol Club and also that my safe storage complies with Regulations as laid down by the

Firearms Registry . As of this Date:...../...../.....Until my Membership may no longer be

Required at which time I will inform the club of either my Resignation or Transfer Out.

I fully understand the rules and regulations of the club and certify that the information

I have supplied is true and correct in ever detail. Signature of Applicant:.....

OFFICE USE.

Witness Position:President:Secretary:Captain:Committee Member:(circle correct).

Signature.....

Date:...../...../.....