

APPLICATION FOR MEMBERSHIP

Applicant Details (Please Print)

Surname:		Given Names:	
Preferred 1 st Name:			
Home Address:		Suburb:	Postcode:
Postal Address:		Suburb:	Postcode:
Home Phone:	Work Phone:	Mobile Phone:	Fax Phone:
E-mail Address:			
Date of Birth:		Occupation:	
Membership of other Pistol Clubs: (Indicate which clubs and period) If you have been a member of another pistol club please indicate grades attained in matches shown over.			
Any Police Record: (Please provide brief details)			

Statement by Applicant

I wish to apply for membership of the **Pistol Club Inc.** and verify that the above information is correct and complete to the best of my knowledge and belief.

I agree to abide by the Constitution and Rules of the Club and the decisions of the Committee.

I understand that once I own a pistol for club purposes I must compete in a full match at least once in each eight week period.

I agree to notify any change of address to the Secretary within seven days.

Attached to this application is one passport sized photograph of myself which have been endorsed on the back with my name.

Signature of applicant

Date

Sponsors to Complete

We certify that to the best of our knowledge, the applicant is a fit and proper person to be considered for membership of the **Pistol Club Inc.** and that the applicant has been informed of the conditions for membership.

Proposer (Print Name)

Signature

Date

Seconder (Print Name)

Signature

Date

Please complete both sides of this form.

Completed forms along with the photograph and the Nomination Fee are to be returned to the Secretary

CLUB USE ONLY

Fee paid \$

Date:

Receipt No:

Initials: