

# City of Maitland Pistol Club Inc

## Application For Membership

Full Name .....

Residential Address .....

City ..... Postcode.....

Postal Address .....

City ..... Postcode.....

Date of Birth ..... Occupation .....

Phone No ..... Mobile No .....

Email Address .....

SSAA Membership Number ..... Expiry Date .....

Firearms Licence Number ..... Expiry Date .....

Firearms Customer Number .....

Have you any prior Convictions or Court Orders that may affect your application for a Pistol Licence?  
(YES / NO)

If Yes give details .....

Name and Address of two referees (not related) who have known you for at least two years

1. ....

2. ....

### Declaration

I declare that the above information is true and correct. I am aware that any false or misleading information will automatically cancel my application for membership or terminate my membership if already accepted as a member. All monies paid will be forfeited.

.....  
(Signature)

.....  
(Date)

1. The Membership fee must accompany this application. A proportion of the fee will be refunded if the application is rejected.
2. Two character references must accompany this application.
3. All applicants must successfully complete Safety Training and serve a probationary period of 6 months before this application will be presented to the committee for consideration. The Range Captain may require the applicant to undergo additional training.

**For Office Use Only**

Application Fee Paid	Member Number
ID Badge Printed	Safe Handling Cert
P650 Completed	APA Test & P650 Comp
Training Sheet Printed	Capitation Sent