



Sporting Shooters Association of Australia (Qld) Inc.

Ipswich City Pistol Club

Club Number: 80000317-06
Telephone: 07 3202 2111
Address: 266 Brisbane St
West Ipswich, Qld 4305

Membership Number: _____

Membership Application Form

Applicant Information

Name:

Home Tel:

Work Tel:

Mobile Tel:

Address:

Suburb:

State:

Post Code:

Date of Birth:

Email:

Membership Type

Adult Gold \$260.00

Adult Silver \$110.00

Junior \$50.00

Application Date:

Payment Method:

Statement of Eligibility (Must be attached, if applicable.)

Document Number:

Date of Issue:

Identification (Must be photographic. Copy must be attached.)

Identification Type:

Identification Number:

	Document Number	Expiry Date
Firearms License		
Concealable Firearms License		
S.S.A.A. Membership		
S.S.A.A. Holster Proficiency		
S.S.A.A. SASA Membership		
S.S.A.A. CWM Membership		

References (2 written character references MUST be supplied. Must be attached.)

Name:

Address:

Phone:

Acceptance

This application is made in full recognition of the club's requirement for responsible and ethical behaviour. I undertake to do all in my power to preserve the good image of this club and the sport. I understand that any members breaking any rules of this club or any laws and regulations put in place by the Weapons Act will be subject to expulsion from this club. I certify that I am not a member of any organisation which may have as any part of its program the overthrow of the government by force.

Signature of Applicant:

Date:

CONSENT FORM for Junior members. Must be completed by Parent/ Guardian

I _____ of _____

_____ do hereby consent to the above mentioned Applicant to shoot at Ipswich City Pistol Club located at 266 Brisbane Street, West Ipswich Qld 4305, under the instructional guidance of the range supervisors that are on duty at the time. The above mentioned Applicant is of legal age, between 11 years and 18 years of age. I further agree that the above mentioned Applicant will be subject to all range rules and protocols.

Signature of Parent/ Guardian:

Date: