

# North Arm Shotgun Association of Qld. Inc

Range situated at Davison Range, Fairhill Road via Yandina

PO Box 68, Yandina Qld. 4561

www.northarmshotgun.com.au

## MEMBERSHIP APPLICATION FORM

*\*\*Please print in Block Capitals\*\**

**SURNAME\*** ..... **FIRST NAMES** .....

**D.O.B** ..... **OCCUPATION** .....

**ADDRESS** .....

**POSTCODE** .....

**TEL No.** ..... **MOBILE** .....

**EMAIL** .....

**HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE?** **YES / NO**

*If yes please give details* .....

**DO YOU HOLD A CURRENT FIREARMS LICENCE?** **YES / NO**

**LICENCE NUMBER** ..... **EXPIRY DATE** .....

**SSAA MEMBERSHIP No.** ..... **EXPIRY DATE** .....

**HAVE YOU EVER BEEN REFUSED MEMBERSHIP OF A SHOOTING CLUB?** **YES / NO**

*If yes please give details* .....

**PROPOSER** ..... **SIGNED** .....

*Print*

*Sign*

**SECONDED BY** ..... **SIGNED** .....

*Print*

*Sign*

*If accepted as a member of NORTH ARM SHOTGUN ASSOCIATION OF QLD. INC., I agree to abide by the provisions of the Qld Firearms Act and the Association's Rules and By-Laws at all times.*

**APPLICANT SIGNATURE** ..... **DATE** .....

*Warning! Any person making a false and/or incomplete answer to any of the above questions could be disqualified from Membership of THE NORTH ARM SHOTGUN ASSOCIATION OF QLD. INC.*

**JOINING FEE: \$10.00 ANNUAL SUBSCRIPTION: \$65.00 NAME BADGE (Optional): \$10.00**

*Preferred name on Badge:* .....

**ACCEPTED:** ..... Secretary

**PLEASE MAKE CHEQUES PAYABLE TO NORTH ARM SHOTGUN ASSOCIATION OF QLD. INC**

*\* Name must be identical with SSAA Application*

# SSAA MEMBERSHIP APPLICATION

SSAA Membership Office, PO Box 282, Plumpton, NSW 2761

ABN 95 050 209 688



Phone 02 8805 3900 Fax 02 9832 9377 Email mem@ssaa.org.au

NEW  RENEWAL  **Have you been a member before? Yes/No**

**Title** (PLEASE CIRCLE) Mr Miss Ms Mrs or ..... **SSAA Branch (if known)** **Q 1 4**

**First name** \_\_\_\_\_

**Middle name** \_\_\_\_\_

**Last name** \_\_\_\_\_

**Residential address** \_\_\_\_\_

**Town/suburb** \_\_\_\_\_

**State** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Postal address** IF DIFFERENT FROM ABOVE \_\_\_\_\_

**Town/suburb** \_\_\_\_\_

**State** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Phone (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**(Mobile)** \_\_\_\_\_ **(Fax)** \_\_\_\_\_

**Email** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**ALL APPLICANTS READ AND SIGN**

This application is made in full recognition of the Associations' requirement for responsible and ethical behaviour. I undertake to do all in my power to preserve the good image of the sport and the Association.

I understand that members breaking the code of ethics and/or Association regulations will be subject to suspension or expulsion.

SIGNATURE:.....

DATE:.....

## ATTENTION NSW & ACT MEMBERS

Complete this section ONLY if you wish to use your membership of the SSAA to support your 'genuine reason' for having a shooters licence. Register your SSAA club activities by marking one or more of the following boxes:

- TARGET SHOOTING
- HUNTING
- COLLECTING

## MEMBERSHIP CATEGORIES

SHOOTER ONLY	TICK THIS BOX FOR FOUR ISSUES OF THE HUNTER MAGAZINE PER YEAR IN ADDITION TO THE 11 ISSUES OF SHOOTER MAGAZINE	
<input type="checkbox"/> \$78	<input type="checkbox"/> \$103	<b>Adult</b> (Over 18 years)
<input type="checkbox"/> \$59	<input type="checkbox"/> \$84	<b>Family Discount Rate</b> No magazine Applies to each <b>PERSON</b> over 18 residing at the same address as a full-subscription <b>ADULT</b> member. Supporting adult family Membership No. _____
<input type="checkbox"/> \$59	<input type="checkbox"/> \$84	<b>Pensioner</b> available on production or photocopy of pension concession card
<input type="checkbox"/> \$390		<b>5-year Adult</b>
<input type="checkbox"/> \$1560		<b>Member for Life</b>
<input type="checkbox"/> \$130	<input type="checkbox"/> \$180	<b>Overseas</b> Available to members living overseas
<input type="checkbox"/> \$21	<input type="checkbox"/> \$46	<b>Junior</b> <input type="checkbox"/> Under 18 <input type="checkbox"/> Magazine required

OFFICE USE ONLY

**Parent or guardian's signature** .....

## PAYMENT OPTIONS

Enclosed is payment for the amount of \$.....

**Cheque**  **Money order**  **MasterCard**  **Visa**

**Card number** \_\_\_\_\_

**Expiry date** \_\_\_\_\_ **Signature**.....

Cheques payable to the Sporting Shooters' Association of Australia

I also wish to donate \$..... to the SSAA

**MAIL TO: SSAA Membership,  
PO Box 282, Plumpton, NSW 2761**

### All fees are inclusive of GST.

GST on recreational club subscriptions CANNOT be claimed as Input Tax. If, despite this, you require a tax invoice, please contact the SSAA Membership Office.

SSAA Inc is subject to the provisions of the National Privacy Act. Should you want a copy of the SSAA Inc Privacy Statement or seek further information please write to PO Box 2520, Unley SA 5061.