

SSAA BATEMANS BAY DEEP CREEK PISTOL CLUB MEMBERSHIP APPLICATION / RENEWAL

Applicants Name _____

Date of Birth _____

Postal Address _____

Email Address _____

Phone: Home _____ Mobile _____

SSAA Membership Number _____ Expiry Date _____

Firearms Licence Number _____ Expiry Date _____

Drivers Licence Number _____ Expiry Date _____

Firearms Type & Category _____ Range Pass Number _____

Have you ever been a member of a pistol club? YES/NO _____

Club name if YES _____

Club Address _____

Is your membership with the above club current? YES/NO _____

Have you ever been refused membership of a pistol club or had your membership
suspended or cancelled? YES/NO _____

If YES please provide details _____

I (Full Name) _____

Apply for membership to SSAA Deep Creek Pistol Club and do hereby declare that I am 18 years old and
have not been convicted of any crime or I am not subject to any court order that would preclude me
from holding a pistol licence.

I declare the above information to be true and correct.

Signature _____ Date _____

Signature Witness _____

Witness Name and Initials _____

OFFICE USE ONLY

Cost: _____ Receipt Number: _____

Issued Pass Number: _____

Range Officers signature: _____ Date: ____/____/____