



St Ives Pistol Club Membership Application

In order that your application be considered **ALL** questions must be answered fully. When complete return to The Secretary PO BOX 46 ST IVES, NSW 2075

Personal Information

Names in full _____

Residential Address _____

Post Code _____

Years at this address _____

Postal Address _____

Post Code _____

Contact Numbers Home _____ Mobile _____

e-mail address _____ @ _____

Birth Information Place of Birth _____ Date of Birth _____

Previous Address _____

Post Code _____

Years at this address _____

Are you an Australian Citizen? Yes / No (please circle)

If no please indicate Country of citizenship _____

Type of Visa _____

Employment Information

Occupation _____

Employer / Company _____

Address _____

Post Code _____

Contact Number Work _____



Firearms Training

Please complete the following information if you have any relevant experience that may support your application. If not please leave blank.

Competition Disciplines

Please complete the following information relative to the disciplines in which you compete. If not please leave blank.

I hereby apply for membership of St Ives Pistol Club and certify that the foregoing information is correct and complete to the best of my knowledge and belief, and agree to abide by the decision of the Committee and to comply with the constitution of the Club.

I further agree to any probationary period required by the St Ives Pistol Club or government legislation.

Signature

Date



Application for Pistol Club Membership – Parental Consent Form

To: NSW Firearms Registry
Locked Bag 1
Murwillumbah NSW 2484

Phone No: 1300 362 562
Fax No: 02 6670 8526

Applicant details

Full Name of applicant:

Address & postcode:

Date of Birth:

Name of Club (*if applicable*):

Consent of Parent or Guardian

I (*print full name*) being the parent/guardian of the above named applicant, confirm identification and give consent for the applicant to participate in approved target shooting activities conducted by the above named Club.

Signature of Parent/Guardian: Date: / /

Address:Postcode:

Contact Phone No: (*Home*)(*Work*).....