



# Sporting Shooters Pistol Club (Vic)

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Phone 0488 225 989

PO Box 1100  
Springvale, VIC 3171

ABN: 57 692 843 442



## Important checklist for your SSPC membership application:

Please check that you have included everything required with your membership application.

Incomplete applications will not be considered at the committee meeting and you may have to wait another month!

Please ensure your application includes:

- Copy of SSAA Membership card or receipt for SSAA membership
- Copy of your Safety course certificate (don't include original!)
- Copy of your photo ID (eg. drivers license)
- Copy of your participation card showing at least 4 participations
- Two passport photos (used for your SSPC membership card)
- Completed application form
- Payment for membership (complete credit card details on form or attach cheque)

Applications for membership are considered at each committee meeting, generally held on the 4th Tuesday of each month. Please ensure that you have your application in to us by the Saturday before the committee meeting.

### IMPORTANT:

**Please make sure you include your email address on the application form. We use email as the primary method of communicating with our members. If you do not provide an email address then you may miss out on important information.**

Applications can be dropped in at the Springvale range, or posted to:

SSPC  
PO BOX 1100  
SPRINGVALE, VIC 3171

# SSPC Membership Application Form

## Applicant Details

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Middle Names \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residential Address \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_

Postal Address \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Occupation \_\_\_\_\_ Email \_\_\_\_\_

Do you suffer from or required treatment for Epilepsy, Blackouts or any other similar medical conditions affecting muscular control and co-ordination? \_\_\_\_\_

## Clubs & Licenses

Do you hold a current Firearm License? License Number \_\_\_\_\_ State \_\_\_\_\_

Do you hold a current Handgun License? License Number \_\_\_\_\_ State \_\_\_\_\_

Are you a member of any other Pistol Clubs? \_\_\_\_\_

## SSAA (Vic) Membership

SSAA Membership Number or Receipt Number \_\_\_\_\_  Membership Number, or  Receipt Number

## SSPC Membership Fees

Member Type	Joining Fee	Membership Fee
Adult	\$250	\$100
Family Member (additional)	\$110	\$80
Junior (Under 18)	\$25	\$25
Pensioner	\$200	\$80

**Only the Joining Fee is to be paid on application and covers your SSPC membership until the 30th of April.**

Our membership year ends on the 30th of April. At that date the yearly Membership Fee is due and you will be posted a renewal notice for the next year's Membership Fee.

## Payment

Payment Method  Cash  Cheque  MasterCard  Visa Amount \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Name On Card \_\_\_\_\_ CVV/CVN \_\_\_\_\_

## First Character Reference

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_

## Second Character Reference

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Phone \_\_\_\_\_ Occupation \_\_\_\_\_

**Note: You may attach written references from your two Referees, provided they include the above information.**

## Agreement

I hereby agree that:

- I am not a prohibited person under the Victoria Firearms Act 1996 and Firearms Trafficking & Handgun Control Act 2003
- I will abide by the rules of the Sporting Shooters' Association of Australia Inc.
- I will abide by the constitution of the Sporting Shooters Pistol Club and any rules, which are from time to time laid down by the Committee of Management of the Sporting Shooters Pistol Club.
- The two Character Referees giving the two Character References are over 18 years of age, of good repute and have known me for a minimum period of two years.
- I authorise the Sporting Shooters Pistol Club committee of management to verify any information supplied on this application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_