



# SSAA Caboolture Branch

Facility  Pistol  Branch

## Personal Detail Please Print Legibly:

<b>Full Name:</b>	
<b>Date of Birth:</b>	
<b>Residential Address:</b>	
<b>Postal Address:</b>	
<b>Email:</b>	
<b>Phone/Fax</b>	Home: _____ Mobile: _____ Work: _____ Fax: _____

### Skills that may benefit the Club:

Joining fee:	\$275		Junior Member (11 upto 17):	\$50	
Pensioner joining fee:	\$220		Pensioner:	\$200	
Adult (18+):	\$250		Pro-rata:	Amount	
Additional Adult Family Member:	\$200				

### Licence Details

SSAA Membership No:	_____	Branch:	_____	Expiry:	_____
Cat H Licence No:	_____			Expiry:	_____
Cat A/B Licence No:	_____			Expiry:	_____
Other Weapons Licence No:	_____			Expiry:	_____

### Applicant's Certification

Have you ever been or are you currently a member of another pistol club? YES / NO

If yes, name of club: \_\_\_\_\_ Membership number: \_\_\_\_\_

I certify that the information provided in this application is true and correct

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office use only

Amount Received:	Date Received:
Mode of payment:	
2x References:	Date Received:
Proof of SSAA membership:	Date Received:
Statement of eligibility:	Date Received:
Firearms Licence sighted:	Date Received:
Application received by:	Date:
Signed:	