



ENDEAVOUR PISTOL CLUB INC.

PO Box 3021, Kirrawee DC NSW 2232

www.endeavourpistolclub.com

Email: endeavourpistolclub@gmail.com

Tel.: President 02 9520 5713

Secretary 0413 101 871

NEW MEMBERSHIP APPLICATION 2015-16

I,
(full name of applicant)

hereby apply to become a member of Endeavour Pistol Club Inc. In the event of my admission as a member, I agree to be bound by the constitution of Endeavour Pistol Club Inc. for the time being in force.

Applicant's details:

Proof of identity (eg, driver's licence, passport)No.: Exp. Date:

Home address: P/code:

Postal address (if not home address):P/code:

Email:

Tel. (H) (Bus) (Mob.)

Date of birth:/...../.....

Australian citizen: YES / NO

Occupation:

Employer's name & address:

Firearms Licence No. Exp. Date/...../..... Category: A B H Prov. (Please circle)

SSAA member No. Exp. Date/...../.....

Have you ever been refused membership of any pistol or shooting club? **YES / NO**

Have you ever been expelled from any pistol or shooting club? **YES / NO**

Are you currently a member of any pistol or shooting club? **YES / NO**

If YES, name of club:

Do you wish to capitulate through Endeavour Pistol Club? **YES / NO**

(If so, Endeavour Pistol Club becomes your principal pistol club)

Have you ever been subject to any of the following?

1. A firearm prohibition order / AVO **YES / NO**

2. A prison sentence **YES / NO**

3. A criminal record **YES / NO**

4. A mental illness **YES / NO**

If you have answered **YES** to any of the above (Nos. 1-4), please give details. (**Write down details and attach to this form.**)

Do you own any pistols currently? **YES / NO** **If YES, complete all details below:**

Type: Calibre:

Type: Calibre:

Type: Calibre:

Type: Calibre:

Provide two written character references obtained from persons who are over the age of 18 years, are not family members, and have known you (the applicant) for at least two years. **(References to be attached to this application.)**

Nominated by: Seconded by:

APPLICANT TYPE: Adult Pensioner Junior A-FDM J-FDM Assoc.

MEMBERSHIP PERIOD: Full year **OR** 1/2 year (applicable after 30/04/16)

MEMBERSHIP FEES – see attached.

Applicant's signature: **Date:**/...../.....

Club official to complete:

TOTAL FEES PAID: \$ *Cash/cheque/ CC / DD* **Date:** **Rec. No.**

M'ship No.: EPC **Signed:**

Two references sighted: **YES / NO**

Proof of identity sighted: **YES / NO**

Notes:
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MEMBERSHIP FEES AND BLANK REFERENCES FORM ATTACHED TO THIS APPLICATION