



APPLICATION FOR MEMBERSHIP

SPORTING SHOOTERS PISTOL CLUB (ACT) INC.
GPO BOX 134 CANBERRA ACT 2601

ABN: 31 997 271 123

Please complete one application for each person in BLOCK CAPITALS using black or blue ink only

Personal Details				
Title	MR <input type="checkbox"/> MS <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> OTHER			
Surname				
Given Names				
Preferred First Name			Date of Birth	
Phone	Landline.:		Mobile	
Personal eMail				
Residential Address	Unit/Street No:		Street:	
	Suburb:		State and Postcode	
Postal Address <i>If Different From Above</i>	PO Box/Unit/Street No:		Street:	
	Suburb:		State and Postcode	
SSAA Membership	Membership Number:		Expires	
National Police Check	Number		Date	
Firearms Licence. (if already held)	Jurisdiction issuing		Number	
	Expires			
Membership Type (circle relevant)	Endorsements A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> H <input type="checkbox"/>			
	Trainee	Licensed Adult	Licensed Concession	Licensed Junior
<p>In the past five years, were you a member of any other approved shooting club? If so, provide the Club name, contact details and membership information below.</p>				
<p>SIGNATURE _____ DATE _____</p>				

DECLARATION BY PERSONS SEEKING MEMBERSHIP OF SSPCACT

A. PERSONAL DETAILS

NAME:

ADDRESS

DATE OF BIRTHNUMBER EXPIRY

B. PERSONAL HISTORY –circle one response to each question

1. Have you in Australia or elsewhere:

- | | | |
|---|-----|----|
| a) Been refused membership of a shooting club or had such membership suspended or cancelled? | YES | NO |
| b) Been prohibited from holding a firearms licence or permit or had a permit suspended, cancelled or revoked? | YES | NO |
| c) Been the subject of a Firearms Prohibition Order? | YES | NO |
| d) Been convicted of an offence involving firearms, weapons, prohibited drugs, robbery, violence, terrorism or an offence of a sexual nature? | YES | NO |
| e) Been the subject of a Family Law or Domestic Violence Order or an Apprehended Violence Order? | YES | NO |
| f) Attempted suicide or self-harm? | YES | NO |
| g) Been treated or referred for treatment for alcoholism, drug dependence or a mental illness within the meaning of the Mental Health Act 2007 or as a mentally disordered person within the meaning of that Act? | YES | NO |
| h) Been subject to a Good Behaviour Bond? | YES | NO |

2. Do you have any impairment, disorder or condition that may prevent you from using a firearm safely YES NO

C. DECLARATION BY PERSON (OR PARENT/GUARDIAN)

- I understand that it is a serious offence under ACT legislation to make a false or misleading statement for the purposes of gain or to make a statement or provide information that I know is false or misleading. I declare that that all the information contained in this declaration is true and correct in every detail.
- I agree to the Sporting Shooters Pistol Club and the ACT Firearms Registry undertaking such enquiries as are necessary to establish that the information I have provided in relation to this application is true and correct.

DECLARED BY (NAME) SIGNATURE

WITNESSED BY (OFFICIAL)SIGNATUREDATE

The information above is required by SSPCACT for the purpose of considering an application for membership and suitability to use a handgun on SSPCACT ranges and for no other purpose. Once completed and accepted in will be stored for a period of 2 years in accordance with the Privacy Policy of SSPCACT, copies available on request

The use of this template is not mandatory – it is provided for assistance only

REFEREE REPORT

I (Full Name) of
(address)
email phone number(s).....
have known (name) for the past..... years.

I understand that he/she is applying for membership of the Sporting Shooters Pistol Club ACT Inc. I have no hesitation in stating that the above is of good character and that I know of no reason why he/she should not own, be in possession or use a pistol for the purpose of target shooting.

I am over eighteen years of age and I am not a relative of or living with the person nominated by this reference.

I understand that I may be contacted for confirmation of this reference.

Signed: Date

I (Full Name) of
(address)
email phone number(s).....
have known (name) for the past..... years.

I understand that he/she is applying for membership of the Sporting Shooters Pistol Club ACT Inc. I have no hesitation in stating that the above is of good character and that I know of no reason why he/she should not own, be in possession or use a pistol for the purpose of target shooting.

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Signed: Date

SSPC ACT INC. - MEMBERSHIP FEES – 2021/22		MY FEES
1. Joining Fee if NOT already Cat H licensed	120.00	
2. SSPC membership fee: Discounted pro rata for number of full months left this FY, rounded up		
Adult	165.00	
# Concession	82.50	
Junior <21 for whole of current financial year	No Charge	
Associate (already member of another approved shooting club)	165	
3. SSAA ACT Range Pass fee - payable in full		
Already held through another club/section OR Associate	No Charge	
Adult	60.00	
Second adult, same address as another SSPC member/applicant	15.00	
Third or more adult, same address etc	No Charge	
# Concessional	30.00	
Second concessional same address as another SSPC member /applicant	7.50	
# Third or more concessional, same address etc	No Charge	
Junior < 21 for whole of current financial year	No Charge	
4. Membership of Pistol Australia - payable in full		
Not currently holding a H class licence	No charge	
Already affiliated/paid through another club	No charge	
Adult holding a H class licence	32.50	
Licensed Junior <21 for whole of current calendar year	32.50	
TOTAL FEES PAYABLE BY BANK DEPOSIT WITHIN 48 HOURS OF ACCEPTANCE OR NOTIFICATION OF TRAINING COMMENCEMENT TO: SPORTING SHOOTERS PISTOL CLUB BSB 082-902 ACCOUNT 01-690-2594		
# Concessions only apply to members receiving an income support payment. See https://www.humanservices.gov.au/individuals/topics/incomesupportpayment-description/34696 . Proof of eligibility is required.		

