



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	
	Number		Date	
National Police Check	Jurisdiction issuing		Number	
			Expires	
Firearms Licence. (if already held)	Endorsements A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> H <input type="checkbox"/>			
Membership Type (circle relevant)	Trainee		Licensed Adult	
	Licensed Concession		Licensed Junior	
	Licensed Associate			
<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 Behavior 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. Please note that referees may be contacted to confirm statements made.

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.

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

2023-24 FEES

	<u>Category</u>	<u>SSPC</u>	<u>SSAA</u> <u>Range Pass</u>	<u>Pistol</u> <u>Australia</u>	<u>TOTAL</u>
A1	Adult Member	\$165.00	\$60.00	\$68.00	\$293.00
A2	Adult member living at the same address as a Cat A1 SSPC Member.	\$165.00	\$15.00	\$68.00	\$248.00
A3	Adult member living at the same address as two or more Cat A1 & A2 SSPC members	\$165.00	\$0.00	\$68.00	\$233.00
C1	Concessional adult member	\$82.50	\$30.00	\$68.00	\$180.50
C2	Concessional member living at the same address as a Cat C1 Concessional member	\$82.50	\$7.50	\$68.00	\$158.00
J	Member aged under 21 for whole of the calendar year	\$0.00	\$0.00	\$34.00	\$34.00
AS	Associate Member - a person who is a member of another PA-affiliated shooting club	\$165.00	\$60.00	\$0.00	\$225.00

Concessions apply only to members receiving an income support payment as defined at <https://www.humanservices.gov.au/individuals/topics/income-support-payment-description/34696>. **Members who are entitled to C1&C2 Concession need to forward an electronic scanned or photo image of their concession card to the Secretary - secretary@sspcact.org.au**

Your fees can be paid by Electronic Funds Transfer (EFT) into the club's account (preferred) or deposited into that account at any National Australia Branch. The Club's bank account details are:

Bank - National Australia Bank Account Name: SSPC (ACT) Inc BSB: 082-902 Account #: 016902594

Please ensure to reference your EFT or NAB Bank deposit with your Surname and SSAA Member Number e.g. Flintstone - 654321

*All members of SSPC are required to be financial members of SSAA ACT. SSPC ACT is also affiliated with Pistol Australia through ACTPA and has obligations to both SSAA ACT and ACTPA. SSPC ACT offers 8 handgun disciplines which are available to all members to shoot at all levels, with 7 of the 8 available disciplines being the intellectual property of Pistol Australia. The Constitution of ACTPA requires all members of affiliated clubs to be financial members of Pistol Australia, and nothing in the SSAA ACT Constitution (or broader SSAA policy) prevents or prohibits that requirement. SSPC ACT membership is voluntary and it is a SSPC ACT condition of membership that members be financial members of both SSAA ACT and ACTPA. **Payment or renewal of SSPCACT membership indicates acceptance of these conditions.***