



SPORTING SHOOTERS ASSOCIATION OF AUSTRALIA (South Australia)

**Goolwa Branch Incorporated S25****CLUB MEMBERSHIP APPLICATION FORM**

SURNAME	GIVEN NAMES	DATE OF BIRTH	DATE OF APPLICATION
STREET ADDRESS	TOWN & POSTCODE	PHONE NUMBER	MOBILE NUMBER
POSTAL ADDRESS (if different from above)		EMAIL ADDRESS	
FIREARMS LICENCE NO.	EXPIRY DATE	CLASSES & PURPOSE OF USE EACH CLASS	
SSAA MEMBERSHIP NO.	EXPIRY DATE	NAME & NUMBER OF PERSON TO CONTACT IN CASE OF EMERGENCY	
HAVE YOU EVER BEEN A MEMBER OF A SHOOTING CLUB? YES / NO IF YES, PLEASE GIVE DETAILS			
NAME OF CLUB		ADDRESS	CONTACT NUMBER
HAVE YOU EVER HAD A FIREARMS LICENCE REFUSED OR REVOKED? YES / NO IF YES, PLEASE GIVE DETAILS			
HAVE YOU EVER BEEN REFUSED, DENIED OR BANNED FROM MEMBERSHIP OF A SHOOTING CLUB? YES / NO IF YES, PLEASE GIVE DETAILS			
NAME OF CLUB		ADDRESS	CONTACT NUMBER
OTHER THAN MINOR TRAFFIC MATTERS, HAVE YOU EVER BEEN BEFORE A COURT CHARGED WITH AN OFFENCE, OR HAVE YOU ANY PENDING PROSECUTION AGAINST YOU? YES / NO IF YES, PLEASE GIVE DETAILS			
HAVE YOU, OR HAVE YOU EVER BEEN A MEMBER OF A SOCIAL OR SPORTING CLUB? YES / NO PLEASE GIVE DETAILS			
PLEASE NOMINATE TWO INDEPENDENT PERSONS WHO CAN PROVIDE A CHARACTER REFERENCE			
REFEREE 1 NAME	RELATIONSHIP	PHONE NUMBER	
REFEREE 2 NAME	RELATIONSHIP	PHONE NUMBER	

I MAKE THIS APPLICATION IN FULL RECOGNITION OF THE REQUIREMENTS OF THE CLUB FOR RESPONSIBLE AND ETHICAL BEHAVIOUR. I UNDERTAKE TO DO ALL IN MY POWER TO PRESERVE THE GOOD IMAGE OF THE SPORT AND OF THE CLUB. I UNDERSTAND THAT MEMBERS BREAKING THE CODE OF ETHICS CONTAINED IN THE CLUB CONSTITUTION MAY BE SUBJECT TO SUSPENSION OR EXPULSION.

SIGNATURE

DATE

Joining Fee date	Join Fee \$	Receipt No.	Membership Fee paid	Receipt No.
Examination Complete	PD314 date	FSTI	Type of Membership	