



“CESSNOCK PISTOL CLUB INC.” MEMBERSHIP APPLICATION FORM



Name (In Full).....

Address email address.....

TownPostcode..... Phone

Postal Address if Different

Occupation..... Date of Birth/...../.....

Have you ever been a Member of another pistol club? Yes No

Have you ever been refused Membership of another Pistol Club? Yes No

Has your Membership in another Pistol Club ever been terminated? Yes No

Do you hold a Firearms licence? If yes please give details Yes No

Category,..... #..... Expiry Date...../...../.....

Details of any Association / Membership with any other Shooting Organization.....

How did you first find out about Pistol Shooting?.....

Why did you choose Cessnock Pistol Club?.....

Briefly explain why you wish to participate in the sport of Pistol Shooting?.....

Are you aware of the requirement to maintain regular attendances that must be completed to maintain your Membership and Licence conditions and agree to them? Yes No

I, acknowledge that the committee of Cessnock Pistol Club Inc. has the right to accept or reject any application without disclosing the reason. If my application is accepted, I agree to be bound by the Rules of the New South Wales Amateur Pistol Association (NSWAPA) the Rules and Standing Orders of the Cessnock Pistol Club Inc.

I agree to & understand the time limitations on my safety training as explained overleaf at point 11. and All the Above information supplied in this application is True and Correct:-

Signed.....Date...../...../.....

Please supply:- Two References from persons over the age of 18yrs not related and known you for a period of at least 2 yrs (Attached form)

This application has been
Proposed by.....**Seconded by**.....
Proposed /Seconded must by Members of Cessnock Pistol Club.

OFFICE USE ONLY:-				
#	Application	Accepted	Rejected	Fees Due \$.....Paid...../...../.....

Please note that you must attend the committee meeting at which your application is presented for consideration otherwise it will be held over.

Character Reference

I (Full Name)..........

of
Address.....Town.....P.Code.....

Acknowledge that I have known (Name)

for the pastyears, I have no hesitation in stating that the above is of good character and understand this reference is to accompany the application for Membership of the above to join Cessnock Pistol Club for the purpose of Target Shooting.

I am over eighteen years of age and I am **not** a relative of the person nominated by this reference

Signed:_____.

Dated:___/___/_____.

Character Reference

I (Full Name)..........

of
Address.....Town.....P.Code.....

Acknowledge that I have known (Name)

for the pastyears, I have no hesitation in stating that the above is of good character and understand this reference is to accompany the application for Membership of the above to join Cessnock Pistol Club for the purpose of Target Shooting.

I am over eighteen years of age and I am **not** a relative of the person nominated by this reference

Signed:_____.

Dated:___/___/_____.

Please note that you must attend the committee meeting at which your application is presented for consideration otherwise it will be held over.

CESSNOCK PISTOL CLUB INC
Junior Membership
PARENT / GUARDIAN CONSENT FORM

Parent / Guardian

Name

Address

..... NSW P.Code

ID (type):- Number:-

ie: Drivers Licence

Expiry Date:-/...../.....

Id Sighted by:-.....

Secretary / President

To whom it may Concern,

As the Parent / Guardian of

I give permission for Him / Her to apply for membership with Cessnock Pistol Club Inc and Minors Target Pistol Permit for the purpose of Target Shooting at an approved Pistol range. I understand that as a member of the Pistol Club, they will be bound by the rules and regulations for the sport of Pistol Shooting.

Signed.....

Date:-/...../.....

Please note that you must attend the committee meeting at which your application is presented for consideration otherwise it will be held over.