



APPLICATION TO APPLY FOR MEMBERSHIP TO THE THELMORE PISTOL CLUB INC.

Title Surname

Given Names

Residential Address

Postcode

Postal Address

Postcode

Date of Birth / / Emergency Contact

Phone No. Mobile No. Emergency Contact No.

E-Mail Address Drivers License No.

Firearms licence Number Category Renewal date / /

Firearms customer Number SSAA Membership number Expiry date / /

Full Licence ☐ P650 Shooter ☐ Probationary Licence ☐

I would like to apply for membership of THELMORE PISTOL CLUB (INC) and I agree to abide by the firearms laws of N.S.W., the Amateur Pistol Association (ISSF rules and regulations), the Thelmore Pistol Club Constitution, and all other rules and decisions set by the Committee of Thelmore Pistol Club (INC)

Signed Date / /

Nominated by Date / /

Seconded by Date / /

Committee decision Date / /

Entered into membership database ☐ Invoice sent ☐ Fees paid ☐