



Tuggerah Lakes Memorial Pistol Club Inc Membership Application

Full Name.....

Address.....Postcode.....

Postal Address.....Postcode.....

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

Phone Numbers Home.....Mobile.....

Drivers Licence No.....Expires.....

E-Mail address.....

Have you ever been a member of this or another Pistol Club? Yes / No

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

Do you hold a Firearms Licence Yes / No

If yes give details:- Category..... No..... Expires.....

Are you a member of the SSAA Yes / No

If Yes please provide the following, Membership no..... Expires.....

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 the TLMPC 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) and the By-laws of the TLMPC Inc. I also agree and understand the time limitations on my Safety Training as explained to me.

I the above named applicant solemnly and sincerely declare that all questions have been answered truthfully and completely and that any details provided are accurate.

Signed..... Date...../...../..... Receipt no.....

Tuggerah Lakes Memorial Pistol Club Inc

Reference to support an application for membership of the above Club

Applicant Name _____

Address _____

To whom it may concern:

I (print name) _____

Address _____

Town/City: _____ Postcode _____ Phone No. _____

Have known the above applicant for the past _____ years and have found him/her to be of good character and support this application to join your Club.

- (1) am over the age of 18 years and am not related to the applicant.
- (2) I understand that I may be contacted to confirm this reference.
- (3) I affirm that the above is true and correct.

Signature _____ Dated _____

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Tuggerah Lakes Memorial Pistol Club Inc

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Signature _____ Dated _____

Tuggerah Lakes Memorial Pistol Club Inc

Junior Membership

Parent / Guardian Consent Form

Parent / Guardian

Name

Address
..... NSW Post Code.....

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 the TLMPC Inc and a 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.....