

# SSAA GLENORCHY INC. (T03) HANDGUN DIVISION



## APPLICATION FOR MEMBERSHIP

PO Box 1366, Hobart 7001

### Applicant Details

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residential Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Telephone: (AH) \_\_\_\_\_ (BH) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
Email: \_\_\_\_\_ SSAA Branch Membership No: \_\_\_\_\_  
Employers Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Tasmanian Firearms Licence No: \_\_\_\_\_ Categories: \_\_\_\_\_  
Membership Type: Adult Junior  
Detail Membership of Existing or Previous Shooting Club/s

### Junior Membership Approval (Parent or Guardian to complete)

I give my permission for the Applicant to submit an Application for Membership to SSAA Glenorchy Inc.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: \_\_\_\_\_

### Attendance Record

Before lodging this Application for Membership the Applicant must have satisfactorily undertaken a minimum of 3 supervised shoots on SSAA Glenorchy Handgun Range Days within 3 months.

Date: \_\_\_\_\_ RO Name: \_\_\_\_\_ RO Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ RO Name: \_\_\_\_\_ RO Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ RO Name: \_\_\_\_\_ RO Signature: \_\_\_\_\_

### Character References

It is a requirement that the Applicant supply 2 Written References from persons that have known the Applicant for a minimum of 2 years.

Reference 1 \_\_\_\_\_ Reference 2 \_\_\_\_\_

### Verification of Application

By signing below I agree to abide by the Constitution, Rules & By-Laws of SSAA Glenorchy Inc. I confirm that all information contained in this Application is correct. I understand this form is merely an Application for Membership & that SSAA Glenorchy Inc. is under no obligation to accept my membership or to give any reason for refusing membership. I give my permission for SSAA Pontville Inc. to pass on any or all details contained within this Application to Firearm services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### BRANCH USE ONLY

<b>Application for an Exemption</b>	Yes No N/A	<b>Application Received</b>	Date
<b>References Received</b>	Yes No	<b>No of Attendances Achieved</b>	Yes No
<b>Joining Fee Received</b>	Yes No	<b>Branch Committee Decision</b>	Approved Declined Date