

# **NEW SOUTH WALES POLICE PISTOL CLUB INC.**

## **Member ship application/Tax Invoice**

MEMBERSHIP NUMBER: (office use)

FEES PAID FOR YEAR: 2024/25

MEMBERSHIP TYPE: ORDINARY/ASSOCIATE

SURNAME:

GIVEN NAMES:

PREFERRED NAME:

EMERGENCY CONTACT:

PHONE:

POSTAL ADDRESS:

SUBURB POSTAL:

POST CODE:

RESIDENTIAL ADDRESS:

SUBURB RESIDENTIAL:

POST CODE:

TELEPHONE HOME:

TELEPHONE BUSINESS:

EMAIL:

TELEPHONE MOBILE:

NSW DRIVERS LICENSE NUMBER:

DATE OF BIRTH:

### **EMPLOYMENT DETAILS:**

RANK:

REGISTERED NO:

UNIT:

STATION:

STATION ADDRESS:

STATION SUBURB:

OTHER CLUB MEMBERSHIPS HELD: (IF ANY)

FIREARMS LICENCE NUMBER: (IF ANY)

FIREARMS LICENCE EXPIRY:

SSAA MEMBER: Yes / No

SSAA MEMBERSHIP NUMBER:

SSAA MEMBERSHIP EXPIRY DATE:

COUNCIL OF SPORT MEMBERSHIP NO:

OTHER CLUB CAPITATED WITH:

**WhatsApp: Yes/No**

DATE JOINED: (Office use)

I THE UNDERSIGNED WISH TO MAKE APPLICATION TO JOIN THE NEW SOUTH WALES POLICE PISTOL CLUB INCORPORATED. I DECLARE THAT I AM A FULLY PAID MEMBER OF THE NEW SOUTH WALES POLICE SPORTS COUNCIL (POLICE ONLY). I AGREE TO ABIDE BY THE CONSTITUTION AND RULES OF THE CLUB AND ANY DECISIONS MADE BY THE COMMITTEE OF MANAGEMENT. I ALSO ACKNOWLEDGE THAT I WILL ABIDE WITH THE FIREARMS ACT 1996 AND ALL REGULATIONS THEREOF.

New South Wales Police Pistol Club Inc. - Police Bank BSB: 815-000 ACCT: 44190 \$185 - \$65 ASSOCIATE (you must be capitated at another pistol club to be eligible for an associate membership)

Please insert bank transfer receipt number:

The membership year runs from 1 November to 31 October.

**Please email completed form to [secretarynswppc@bigpond.com](mailto:secretarynswppc@bigpond.com)**

SIGNATURE:.....

DATE:.....