

APPLICATION FOR MEMBERSHIP

Surname _____ Given Names _____

Residential Address _____ Postcode _____
(compulsory)

Postal Address _____ Postcode _____

Telephone (Private) () _____ (Business) () _____

Occupation _____ Date of Birth _____

Email Address (For newsletter transmission) _____

Collecting Interests _____

1. Have you ever, in Australia or elsewhere, been convicted of an offence, or fined for an offence in respect of:

◆ Firearms Yes No

If yes, provide details _____

◆ Any offence other than minor traffic Yes No

If yes, provide details _____

2. Are you a registered/financial member of other firearms organisations

Type _____ Club/Organisation Name _____

- ◆ Collecting _____
- ◆ Rifle Shooting _____
- ◆ Pistol Shooting _____
- ◆ Sporting _____
- ◆ Hunting _____
- ◆ Clay Target Shooting _____

3. (a) Do you hold a current shooters licence Yes No

If yes, type of licence _____ Licence Number _____
State of issue _____

(b) Do you hold any other firearms licences (collector, dealer, etc.) Yes No

If yes, type of licence _____
State of Issue _____ Licence Number _____

4. Do you object to your name and postal address being used for direct mailing Yes No

If accepted into the Society, I agree to be bound by the rules of the Society, and by any amendments thereof registered in accordance with the Co-Operatives Act.

Signature _____

Witness _____

(must be signed)

Dated _____

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|---|---------|
| Fee for new subscriptions (GST Inclusive) | |
| Full Membership | \$55.00 |
| Pensioner Membership (with proof) | \$44.00 |
| Junior Membership | \$22.00 |

Office use only

Membership No: _____

Receipt No: _____

Date Processed: _____

Please forward to
Antique Arms collectors Society of Australia Co-Op Ltd
G P O Box 5156 Sydney 2001