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## SSAA (ACT) MILITARY FIREARMS CLUB - APPLICATION FORM

Please complete all sections below, circle Yes or No where indicated, scan and return via email to <a href="mailto:mfc.ssaa.act@iinet.net.au">mfc.ssaa.act@iinet.net.au</a>

ADDRESS	•	ease Print)			
SUBURB					
PHONE: HOME	E: HOME WOF		MOB		
EMAIL					
POSTAL ADDRESS					
SUBURB					
Are you a member of SSAA			er	Exp date	
Do you have a current range	pass for the S	SAA Majura R	ange? Yes / No	Exp date	
Are you a current member, or organisation? If so, please ad your application can be proce	lvise contact (essed	details for this	organisation as the	ir endorsement is require	-
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Licence Category currently he	iu. 🔲 A	<u></u> В	∐Н	None	
I WISH TO PARTICIPATE IN TH	E FOLLOWIN	_		_	
I WISH TO PARTICIPATE IN TH Military Rifle	E FOLLOWING Yes / No	_	Military Pistol	Yes / No	
I WISH TO PARTICIPATE IN TH	E FOLLOWING Yes / No Yes / No	_		Yes / No	
I WISH TO PARTICIPATE IN TH Military Rifle Military Tactical Rifle SAFTEY COURSES COMPLETED Safety & Proficiency	E FOLLOWING Yes / No Yes / No	_	Military Pistol	Yes / No	
I WISH TO PARTICIPATE IN TH Military Rifle Military Tactical Rifle SAFTEY COURSES COMPLETED Safety & Proficiency Pistol Safety Other courses	Yes / No Yes / No O: Yes / No Yes / No Yes / No Yes / No	_	Military Pistol Military Trainer R	Yes / No ifle Yes / No	
I WISH TO PARTICIPATE IN TH Military Rifle Military Tactical Rifle SAFTEY COURSES COMPLETED Safety & Proficiency Pistol Safety	Yes / No Yes / No O: Yes / No	G SECTIONS:	Military Pistol Military Trainer R Range Officer	Yes / No ifle Yes / No	

BSB:

Account#:

032-636 359816

Fees payable when advised by the club treasurer. Please include at least your surname as a reference on any bank transfers.