SYDNEY COLONIAL MUZZLE LOADING CLUB
NOMINATION FOR CLUB MEMBERSHIP

Email completed form to: scmlc.membership@gmail.com

SURNAME			
GIVEN NAMES			
FIREARMS LICENSE NO#		CATEGORY	
DATE OF BIRTH			
PHONE NUMBER		MOBILE	
RESIDENTIAL ADDRESS			
SUBURB		POST CODE	
POSTAL ADDRESS			
SUBURB		POST CODE	
EMAIL ADDRESS			

MEMBERSHIP TYPE	Full Adult Member	$250.00
	Full Member Spouse/Partner	$150.00
	Junior Member	$150.00

Please note that there is an initial joining fee of $50.00 required upon joining
Please note that membership is for one Club Year

MANDATORY QUESTIONS

Have you in NSW or anywhere else

a) Been refused or prohibited from holding a firearms license or permit ?

b) Had a firearms license or permit suspended cancelled or revoked ?

c) Are you currently subject to a Good Behavior Bond ?

d) Subject to an Interim or Full Apprehended Violence Order ?

e) Been the subject of a Firearms Prohibition Order ?

f) Suffering from any Mental Illnesses or other disorders that may or could prevent you from using a firearm safely ?

g) Been convicted in the last 10 years with any or the following offences

- Firearms or Weapons
- Prohibited Drugs
- Robbery
- Violence
- Terrorism
- Sexual Offences

If you have answered YES to any of the above questions, You are INELIGIBLE to Participate in Shooting Activities involving the use and possession of Firearms.

I hereby certify that the abouve information is true and correct and authorise the Club to make any enquiries required to verify the above application.
SCMLC conducts shooting activities on an approved target shooting range.
Members must ensure that their licence and genuine reason authorise the activity in which they participate.

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Applicant Signature: _____ DATE _____

CURRENT MEMBER NOMINATION - Must be nominated by 2 financial members

Name _____ SIGNED _____

Name _____ SIGNED _____

I Confirm that I personally know the applicant and hereby nominate the applicant to be a member of the Sydney Colonial Muzzle Loading Club. I believe that the applicant has a genuine interest in the sport of shooting and will be a suitable member for our Club.

Are there particular skills, experience or practical assistance you could contribute to the Club

_____

_____

_____

The Sydney Colonial Muzzle Loading Club is as its name suggests and is a MUZZLE LOADING CLUB First. The club was formed to support, promote, and foster an interest in Muzzle Loading (Black Powder) shooting in all of its forms and applications. Although our Club offers a wide and varied target shooting and collecting activities, it is important for ALL APPLICANTS to understand that the members common bond and core interest is in Muzzle Loading Shooting.

APPLICANTS CONDITIONS

If you DO NOT hold a current FIREARMS LICENSE for the category that you wish to participate in you will be required to show a current Drivers License / Birth Certificate /Proof of Age Card and complete a P650 form. You will also be required to undertake the appropriate Safe Handling Course to obtain that Category of License.

You must of read the **RANGE STANDING ORDERS, RANGE RULES & SAFETY REGULATIONS** that are attached to this membership application form **BEFORE SIGNING THE FORM**
As a member you are to uphold the prime objectives of the Club

Should understand that the Club has **NO PAID EMPLOYEES** to meet the range maintenance and Firearms Registry Obligations, and tha Club Members will be called on and are required to assist in sharing the workload of the Club.

As a member of the Club, if you are the holder a of Shooting License, he/she must meet the attendance requirements of the various Firearms Act, but must also participate in a reasonable number of the Clubs Events as listed in the SCMLC Shooting Programmed.
SCMLC is a volunteer-run club. Membership involves contributing to the operation of the Club as well as using its facilities. I understand that I must comply with the Club Constitution, By-Laws, Range Rules and the lawful directions of Range Officers and authorised Club officials.

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APPLICANT

Signature: _____ DATE _____

OFFICIAL USE ONLY

DATE ACCEPTED / REJECTED by the Club Committee ____/____/____

Reason for Rejection _____

MEMBERSHIP NUMBER [ ]

President Date ____/____/____

Name [ ]

Signature _____

Secretary Date ____/____/____

Name [ ]

Signature _____

Membership Secretary Date ____/____/____

Name [ ]

Signature _____

Treasurer Date ____/____/____

Name [ ]

Signature _____