



SYDNEY COLONIAL MUZZLE LOADING CLUB

PO BOX 245, Mt Druitt, 2770

APPLICATION FOR CLUB MEMBERSHIP

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

SURNAME	<input type="text"/>		
GIVEN NAMES	<input type="text"/>		
FIREARMS LICENSE NO#	<input type="text"/>	CATEGORY	<input type="text"/>
DATE OF BIRTH	<input type="text"/>		
PHONE NUMBER	<input type="text"/>	MOBILE	<input type="text"/>
RESIDENTIAL ADDRESS	<input type="text"/>		
SUBURB	<input type="text"/>	POST CODE	<input type="text"/>
POSTAL ADDRESS	<input type="text"/>		
SUBURB	<input type="text"/>	POST CODE	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>		

MEMBERSHIP TYPE	Full Adult Member	\$200.00
	Full Member Spouse/Partner	\$100.00
	Junior Member	\$100.00

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 ?	<input type="text"/>
b) Had a firearms license or permit suspended cancelled or revoked ?	<input type="text"/>
c) Are you currently subject to a Good Behavior Bond ?	<input type="text"/>
d) Subject to an Interim or Full Apprehended Violence Order ?	<input type="text"/>
e) Been the subject of a Firearms Prohibition Order ?	<input type="text"/>
f) Suffering from any Mental Illnesses or other disorders that may or could prevent you from using a firearm safely ?	<input type="text"/>
g) Been convicted in the last 10 years with any or the following offences	<input type="text"/>
Firearms or Weapons	<input type="text"/>
Prohibited Drugs	<input type="text"/>
Robbery	<input type="text"/>
Violence	<input type="text"/>
Terrorism	<input type="text"/>
Sexual Offences	<input type="text"/>

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 above information is true and correct and authorise the Club to make any enquiries required to verify the above application.



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Applicant

Signature: _____ DATE _____

CURRENT MEMBER NOMINATION

Name SIGNED _____

Name SIGNED _____

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

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 including Hunting. Although our Club offers a wide and varied shooting program, it is important for ALL APPLICANTS to understand that the members common bond and core interest is in Muzzle Loading Association

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 read the **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 the 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 of a 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.



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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
