



SSAA NICKOL BAY - MEMBERSHIP APPLICATION FORM

PO Box 1357 - KARRATHA WA 6714

NOTE: Present this form at each shoot, record the attendance date, discipline and ask the Range Officer to initial. Applicants must have completed 6 shoots inside a 12 month period to be eligible for membership and this form **MUST** be signed by the Applicant, **Incomplete application forms will not be considered**. All members are required to maintain financial membership of SSAA (ssaa.org.au) at all times while a member of the SSAA Nickol Bay Branch.

APPLICANT DETAILS

Surname: _____ Given Name(s): _____ Preferred Name: _____

Residential Address: _____

Postal Address: _____

Telephone: _____ Mobile: _____

Email: _____

Occupation: _____ Date of Birth: _____ (DD/MM/YYYY)

Identification type: _____ Use Firearm ID Card if held, otherwise use e.g. Driver's licence/Passport. Attach copy to application

Membership Type: Adult (\$200) Junior (\$20) Partner (\$120)

Is your SSAA membership current? Yes No

SSAA membership number: _____ Expiry: _____ (DD/MM/YYYY)

Have you attached two Character References, dated within the last 3 months of your last shoot? Yes No

Have you attached a passport-style photo for your club membership ID Card? Yes No

Do you hold a current Firearms Licence/Authority? Yes No

If 'Yes'

Firearms Licence/Authority number(s): _____

If 'No'

Are you a prohibited or disqualified persons as defined by the WA Firearms Act 2024? Yes No

National Police Certificate attached Yes No

(For a National Police Certificate, visit Australia Post in store or online: <https://wa-npc.verify.auspost.com.au/>)

Are you a financial member of any other shooting club? Yes No

If 'Yes', which Club(s)? _____

SHOOT RECORD

Please present this form at each shoot, record the attendance date and discipline before asking the Range Officer to initial. Only one shoot allowed per day.

#	Date	Discipline	Range Officer	#	Date	Discipline	Range Officer
1.	/ /			4.	/ /		
	Date	Discipline	Range Officer		Date	Discipline	Range Officer
2.	/ /			5.	/ /		
	Date	Discipline	Range Officer		Date	Discipline	Range Officer
3.	/ /			6.	/ /		
	Date	Discipline	Range Officer		Date	Discipline	Range Officer

NOMINATION

Nominated by (Committee Member): Name (please print): _____ Signature: _____

Seconded by (Any other Member): Name (please print): _____ Signature: _____

I hereby apply for membership to the SSAA Nickol Bay Branch and I agree to abide by the Club Constitution. I am aware that any breach of the rules of the Club or Sporting Shooters Association may result in cancellation of membership and its privileges.

I declare that the above be true and correct.

Signed: _____ Date: _____

MEMBERSHIP FEE PAID

Adult - \$200 Junior - \$20 Partner - \$120

Amount Paid: \$..... Cash or EFT (BSB: 036187 Acct: 266750 Name: SSAA Nickol Bay)

Received by Name (Please Print)..... Date / /

Month	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Cost \$	200	184	167	150	134	117	100	84	67	50	34	17