

KARKOO PISTOL CLUB Inc.

PO Box 979 Port Lincoln SA 5606

Application for Membership

I hereby apply to become a member of the Karkoo Pistol Club Inc.

My personal details are as follows:-

Name of applicant: _____
(Block Letters) SURNAME Christian Names

Home Address: _____
_____ Postcode: _____

Postal Address: _____
_____ Postcode: _____

Phone (Home): _____ Phone (Work): _____

Fax: _____ Mobile Phone: _____

E-mail: _____

Occupation: _____ Date of Birth: ____ / ____ / ____

Name of Spouse/Partner: _____

Is spouse/partner applying for membership? Yes No

Firearms Licence? Yes No Licence No: _____

Classes: _____ Expiry Date: ____ / ____ / ____

What is your main interest? Pistol Rifle Collecting

Are you a member of another firearms club or organisation? Yes No

Are you current? Yes No If not, when?: ____ / ____ / ____

Name of Club or Organisation: _____

Address of Secretary: _____
_____ Postcode: _____

Signature: _____ Date: ____ / ____ / ____

Seconded: _____ Date: ____ / ____ / ____

Seconded: _____ Date: ____ / ____ / ____