



ORANGE GROVE SHOOTING ASSOCIATION INC.

PO Box 1, GOSNELLS, Western Australia 6990

Phone/Fax: +61 8 9452 1416 Email: secretary@ogsa.org.au

MEMBERSHIP APPLICATION

Mr/Mrs/Ms	FAMILY NAME		FIRST & SECOND NAMES		PLACE OF BIRTH
POSTAL ADDRESS					POSTCODE
PHONE (HOME)	PHONE (WORK)	MOBILE	E-MAIL		
OCCUPATION	EMPLOYER	ADDRESS			
DATE OF BIRTH	DRIVERS LICENCE No.	WA FIREARMS LICENCE No.	FIREARMS LICENCE DATE OF EXPIRY		

Please tick (✓) boxes as appropriate:

I am an Australian Citizen A Permanent Australian Resident Other: _____

I do not have a physical and/or a mental disability; and

I do not have a disclosable criminal conviction recorded against me that will preclude me from eligibility to obtain a firearm licence.

I have attached a National Police Certificate issued to me within the past six months. (Not required for applicants under eighteen (18) years of age).

I understand that this application is subject to the approval of the OGSA Committee of Management, and after one review of an unsuccessful application the Committee's decision is final and no further correspondence will be entered into.

Have you ever been charged or convicted of a Domestic Violence Order

I herewith make application to join Orange Grove Shooting Association Inc. as a:

- Ordinary Member** **Associate Member (non-shooting)**
- Affiliate Member.**

I am a financial member of: _____ Club

I am Holster qualified and proficient.

SSAA Membership Number _____ and IPSC Membership number _____

If accepted, membership is probationary for a minimum of six months. Membership fees are due and payable pro rata from 1st July. A concession may apply for eligible seniors and juniors or family members residing at the same address as an Ordinary member. Cheque/MO to be made payable to OGSA Inc. or direct credit to OGSA at P&N Bank BSB 806-015 Account No.01923302 and must include your name and invoice number. The nomination fee (A\$100) must accompany this application as is **non-refundable**.

Proposed by two financial Ordinary Members of OGSA: -

NAME	MEMBERSHIP No.	PHONE No.
NAME	MEMBERSHIP No.	PHONE No.

If this application is approved, I agree to read and abide by the Constitution and By-laws of the Orange Grove Shooting Association Inc.

I certify that to the best of my knowledge; all the above information is true and correct.

(Applicant to sign)

(One Proposer to witness)

Date: - _____

Date: - _____