ORANGE GROVE SHOOTING ASSOCIATION INC.

PO Box 1, GOSNELLS, 6990, Western Australia
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	EMAIL
OCCUPATION	EMPLOYER	ADDRESS	
DATE OF BIRTH	DRIVER LICENCE NO.	WA FIREARMS LICENCE NO.	WA FIREARMS LICENCE DATE OF EXPIRY

Please Tick (√) boxes as appropriate:

☐ I am an Australian Citizen ☐ A Permanent Australian Citizen ☐ 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.

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

☐ **Ordinary Member** ☐ **Associate Member (non-shooting)**

☐ **Affiliate Member.** I am a financial member of: _____

Membership fees are due and payable pro rata from 1 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 & must include your name. The nomination fee (A$100) must accompany this application

Proposed by two financial Ordinary Members of OGSA:

Name	Membership Number	Phone Number
Name	Membership Number	Phone Number

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: _____

Club Use Only: Revised August 15

Accepted/ Approved at Committee Meeting		NPC Produced:	Membership No.
Invoice Nomination Fee	Rec No.	Invoice Membership Fee	Rec No.
Invoice Training Fee	Rec No.	Training Completion Date	
Safety Test Passed	Qualified	Approved Testing Officer	
Membership Database Updated	Firearms Register	New Member Pack Posted	