



PENINSULAR FIREARM ACADEMY INC

ABN: 41 521 899 727
ALL CORRESPONDENCE TO
THE SECRETARY
P.O. BOX 574 NARRABEEN 2101
PHONE: 9990 5771

ADULT MEMBERSHIP APPLICATION

Cash & Cheques – TARGET & HUNTING

ONE YEAR \$60 TWO YEARS \$120 THREE YEARS \$180 FIVE YEARS \$300

Please note: A bank cheque, personal cheque or postal order, made out to "Peninsular Firearm Academy Inc.", for the appropriate amount, must accompany this renewal form.

Visa and Mastercard (Eftpos in person only at The Stockade)

ONE YEAR \$68 TWO YEARS \$134 THREE YEARS \$200 FIVE YEARS \$333

Please fill in the credit card authority at the bottom of this form.

Cash & Cheques – COLLECTING

ONE YEAR \$12 TWO YEARS \$24 THREE YEARS \$36 FIVE YEARS \$60

Please note: A bank cheque, personal cheque or postal order, made out to "Peninsular Firearm Academy Inc.", for the appropriate amount, must accompany this renewal form.

Visa and Mastercard (Eftpos in person only at The Stockade)

ONE YEAR \$14 TWO YEARS \$27 THREE YEARS \$40 FIVE YEARS \$67

Please fill in the credit card authority at the bottom of this form.

Fields marked with * are mandatory – Please print neatly in black pen

* Name

* Residential Address Post Code
(by law you must show a permanent residential address)

* Postal Address Post Code
(all correspondence will be sent to this address – if same as residential write "as above")

Place of Birth: * Date of Birth

Home Phone Mob. Fax Driver's Licence No:

Occupation: Employer or Company Name

Business Phone: Business Fax:

Personal Reference Phone:

Preferred Email Address:

* Firearm's Licence No. * Category * Expiry Date
(A, B, C, D, G, H)

* Reason for issue * will PFA be your nominated reporting club YES / NO
(Collecting, Hunting, Target)

Please supply a passport size photograph, or attend The Stockade to have a photo taken at no cost.

Are you a member of any of the following (please circle)

Shooters Party SSAA National Rifle Association NSW Pistol Association

Other

Would you be willing to assume a position on the Committee, or as office bearer if nominated YES / NO

I hereby apply for membership in the Peninsular Firearm Academy Inc. and certify that the foregoing information is correct and complete to the best of my knowledge and belief. I agree to abide by the decisions of the Committee as may be applicable and to comply with the Constitution of the Academy.

* Signature..... * Date

CREDIT CARD AUTHORITY Visa Mastercard

Please debit my credit card for \$

Card No. Exp. Date

Card Holder's Name (as it appears on the card)

Card Holder's Signature



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DISCLAIMER

Dear Applicant,

The following declaration has been designed to protect all, and ensure no member is compromised by the possible infiltration of undesirables likely to bring the Academy into disrepute, and resulting in our licence being revoked. Please make sure you read and understand it before signing.

The Committee has determined the signing of this form as mandatory

I make this application in full recognition of the Peninsular Firearm Academy Inc. requirement for responsible and ethical behaviour.

I unequivocally agree to preserve the responsible image of the sport and the reputation of the Peninsular Firearm Academy Inc. I understand that any member who acts contrary to the code of ethics of the sport and/or the regulations of the Peninsular Firearm Academy Inc., will be subject to suspension and/or expulsion.

I certify that I am not a member of or affiliated with any organisation or party which may have as part of its agenda, the overthrow of the government by force or violence.

I certify that I have no conviction for a crime of felony or offence, nor have I at any time been subject to any order or legal proceedings which would preclude me from legally owning a firearm.

I certify that I do not currently, have and have not in the past, suffered from any mental or other disorder which would prevent me from owning and using a firearm legally and safely.

Name (printed)

Signature Date

Your membership No. (if applicable)

Office Use Only

Payment Method Bank Cheque No. Amount \$.....

Book..... Receipt No. Membership Expiry Date Membership No.

Received Sent Entered Shop