

## SSAA Victorian Muzzle Loading Club Membership Application

1. Complete ALL sections of this form and comply with ALL requests; incomplete forms will delay your application. 2. Applicants, including Family Applicants, must be members of the SSAA (Vic). 3. If you, or any Family Applicant/s, do not have a current Victorian Longarm, or Handgun Licence, you must supply 140 points identification with this application, as well as a completed Personal Identification Form (available from Police Stations). 4. Family members living as one household unit, may apply for Family Membership at the rate of \$10.00 each, and provided that a separate Membership Application form is completed, and sent together with the Primary Applicant's form. 5. Applications are subject to VMLC Executive Committee approval and may take up to five weeks to process. 6. All VMLC Memberships expire on the 31<sup>st</sup> of October.

Is this application for a **SINGLE** person, or **ADDITIONAL** Family member/s: ☐ **Single** ☐ **Family**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address (not a PO Box): \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

SSAA Member Number: \_\_\_\_\_ SSAA Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Longarm Licence Number: \_\_\_\_\_ Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Handgun Licence Number: \_\_\_\_\_ Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What is the name of your **Primary Handgun Club**: \_\_\_\_\_ NA ☐

### Medical History Acknowledgement and Signature

I acknowledge that in the last five years, I have not been treated for any Psychiatric or psychological conditions; Alcohol or drug dependence problems; Stroke, or head injuries; Serious impairment of eyesight; Fits, dizziness or blackouts, nor do I have any physical disability that could affect my ability to hold a Firearms Licence and/or possess firearms, nor do I have any other medical condition or regularly use prescribed drugs that could reasonably be perceived to affect my ability to hold a Firearms Licence and/or possess firearms.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Character References: From TWO people who are of or over the age of 18 years, who are of good repute and who have known the Applicant for a minimum of TWO years:**

1. Name in Full: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name in Full: \_\_\_\_\_ Telephone: \_\_\_\_\_

### SINGLE MEMBERSHIP FEE - SELECT ONE OF THE FOLLOWING FOUR OPTIONS:

1. Applying between November ~ January is \$50.00 ☐ 2. Applying between February ~ April is \$45.00 ☐  
3. Applying between May ~ July is \$40.00 ☐ 4. Applying between August ~ October is \$30.00 ☐

### ADDITIONAL FAMILY MEMBERSHIP FEE/S:

**Complete a Membership Application for EACH family member in addition to including their name below.**

Family Member Name 1: \_\_\_\_\_ + \$10.00 Family Member Name 2: \_\_\_\_\_ + \$10.00

Family Member Name 2: \_\_\_\_\_ + \$10.00 Family Member Name 4: \_\_\_\_\_ + \$10.00

Total enclosed, including any Family Members: \$ \_\_\_\_\_ ☐ Cash ☐ Cheque ☐ Money Order

### PLEASE CHECK EACH OF THE FOLLOWING PRIOR TO SUBMITTING THIS APPLICATION

- ☐ A legible copy of your Longarm and/or Handgun licence must accompany this application.  
☐ A legible copy of your SSAA Membership Card must accompany this application.  
☐ Do not send cash if paying by post.  
☐ Return completed form/s with appropriate remittance to:

VMLC, PO Box 4082, Norlane VIC 3214.

OFFICE USE: Received \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Approved \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Welcome Pack \_\_\_\_ / \_\_\_\_ / \_\_\_\_ LRD Advised \_\_\_\_ / \_\_\_\_ / \_\_\_\_