

MARYBOROUGH RIFLE & PISTOL CLUB INC.

PO BOX 983 Maryborough Qld. 4650
297 Walker Street Maryborough QLD 4650
Email:- management@mrpc.org.au



MEMBERSHIP NOMINATION FORM

NAME.....DATE OF BIRTH.....

ADDRESS.....

SUBURB/TOWN.....POSTCODE.....

HOME PHONE.....MOBILE PHONE.....

EMAIL.....

CATEGORY A/B SHOOTERS LICENCE NoEXPIRY DATE.....

CATEGORY H CONCEALABLE LICENCE NoEXPIRY DATE.....

Note: Current Shooters Licence must be sighted by Club Official

IN THE LAST FIVE YEARS:-

Have you ever required treatment for:-

1. Psychiatric or emotional problems YES NO
2. Alcohol or drug related problems YES NO
3. Head injuries YES NO
4. Serious impairment of eye sight YES NO
5. Fits of dizziness or blackouts YES NO

If yes give details.....

6. Have you been subject to an order made under the Domestic Violence (Family Protection) Act 1989. YES NO

If yes give details.....

7. Have you ever been charged with an offence in Queensland or elsewhere. YES NO

If yes give details.....

8. Have you ever been:-

a) The subject of a firearm prohibition order. YES NO

b) Refused a licence or authority for a firearm. YES NO

If yes give details.....

- c) Have you ever had a licence or authority for a firearm which has been cancelled or revoked YES NO

PREVIOUS SHOOTING EXPERIENCE:-

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I declare the information I have given above to be true and correct.

Signed.....Witnessed.....Date.....

Nominated By.....

Seconded By.....Date.....

NOTE: Remittance of the Club Fee plus the applicable Affiliation Fee is to be submitted with the application. # Preferred payment of fees is by EFT Transfer # Bank:- Commonwealth Bank Australia BSB:- 064 421 Ac No.:- 00903396