



# Military Collector Club

Sporting Shooters Association Australia  
Victoria



## Application for NEW MEMBERSHIP or RENEWAL

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Post Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Phone Home: \_\_\_\_\_

SSAA Member No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

To be a member of the M.C.C. it is a requirement to be a member of the MRC and SSAA

Are you a member of any other Firearms Collectors Club \_\_\_ Yes / No \_\_\_

If Yes Name of Club \_\_\_\_\_

Do you have a current Firearms Collectors Licence \_\_\_ Yes / No \_\_\_ Licence No \_\_\_\_\_

Have you completed a Handgun Safety Course \_\_\_ Y / N \_\_\_ New applicants please attach copy to application

Name of Firearms Collectors Clubs you have been a member, have applied to join or have had a membership cancelled, suspended or been refused membership in the last 5 years

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Are you a prohibited person \_\_\_ Yes / No \_\_\_ Have you had a firearms collectors licence suspended or cancelled \_\_\_ Yes / No \_\_\_

**NEW MEMBERSHIP** – Please supply 2 Character References (over 18 years of age) who have known you for more than 2 years – New applicants please attach to form

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Referee Signature: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Referee Signature: \_\_\_\_\_

Membership Adult Fee: \$15 a year annual subscription Junior Fee: \$7 a year annual subscription

(Adults 18 +)

(Juniors 12yo - 17yo.)

I, the undersigned, declare that the information on this form I have supplied is true & correct & that I agree to strictly abide by the rules of the Military Collector Club & agree to follow all principles of FIREARMS SAFETY.

For cheques make payable to:

Signed: \_\_\_\_\_

SSAA Military Rifle Club,

Mail to:

Att: Membership Secretary,

P O Box 317,

AVONDALE HEIGHTS VIC 3034

Date: \_\_\_\_\_

**For Direct Deposit**

Please include your Surname first, then your Initial followed by MCC

BSB 063 540

Account No 1000 4070

Then email full name, payment details & date of deposit to milrifle@vicmrc.com

**Note:** Form & attachments must also be emailed or posted.

Failure to follow instruction could render payment to be treated as a donation

Office Use Only: Method of payment \_\_\_Cash / DD / Chq / AMO