



Military Collector Club

Sporting Shooters Association Australia
Victoria



Application for NEW MEMBERSHIP

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.

Signed: _____ Date _____

For CHEQUES Make payable to:

SSAA (Vic) Military Rifle Club

Mail to:

Att: Membership Secretary,
P O Box 353
CAULFIELD SOUTH VIC 3162

For DIRECT DEPOSIT

Please include your Surname first, then your Initial followed by MCC
BSB 033695 Account No 676373

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

Office Use Only

Membership Secretary Verified SSAA M/Ship - Yes/No

Approved Signature _____

Date _____

Database updated _____

Membership card sent _____

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

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

Method of Payment ___Cash___ / ___DD___ Chq
/ AMO _____ Treasurer processed _____