



Military Collector Club

Sporting Shooters Association Australia
Victoria

Application for NEW MEMBERSHIP



Title: _____ Surname: _____ M.I. _____ First Name: _____

Mailing Address: _____

Suburb: _____ State: _____ Post Code: _____

Postal Address (if different from above) : _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____ Birthday: _____ Occupation: _____

SSAA Member No. _____ Expiry Date _____

Attach copy of MRC and SSAA membership card

To be a member of the M.C.C. it is a requirement to be an active 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 license suspended or cancelled ___Yes / No ___

Are you undergoing treatment for or had mental health issues ___Yes / No ___ if yes please attach documents

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:
At: Membership Secretary,
P O Box 317
AVONDALE HEIGHTS, VICTORIA 3034

For DIRECT DEPOSIT

Please include your Surname first, then your Initial followed by MCC
BSB 033 695 Account No 67 63 73

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 _____ /
AMOUNT _____ Treasurer processed _____