



SPORTING CLAYS WA Inc.

MEMBERSHIP APPLICATION FORM

1. New or Renewing Member

- New Member
 Renewing Member → Current Member Number

2. Branch Details

- | | |
|---|--|
| <input type="checkbox"/> Harvey | <input type="checkbox"/> Moora |
| <input type="checkbox"/> Pegasus (Lancelin) | <input type="checkbox"/> Three Springs |
| <input type="checkbox"/> Hastings | <input type="checkbox"/> Echidna Park |
| <input type="checkbox"/> Perth Metro - Wanneroo & Whiteman Park | |

Please note: The Perth Metro Club you must contact the club directly for an application form to join and be approved. Your online membership will remain pending until approved by club.

3. Gender

- Male Female

4. Personal Details

Full name and residential address

Name:

Residential address:
Postcode:

Postal Address: (if same as residential address write "As Above")

Postal Address:
Postcode:

5. Date of Birth:

 / /

6. Contact Details

Home Phone:

Mobile Phone:

Emergency Contact Name:

Emergency Contact Number:

Email Address:

7. Firearms License Details

Do you hold a current firearms license?
 Yes No

License Number:

If no, are you in the process of applying for your firearms license?

- Yes No

Is your firearms license for CLUB USE ONLY?

- Yes No

Please email this form to your club.

8. Declaration

I hereby declare, that all information I provided on this form is true and correct. I also declare that I am not subject to any court order prohibiting possession or use of a firearm, and have not had a personal firearms license cancelled or revoked in any State or Territory of the Commonwealth of Australia. I also agree to abide by SCWA, SCA Constitutions and Code of Conduct, SCWA bylaws and rules of Association and Branches.

Signature of Applicant or Guardian
Date:
Signature of Junior (if under 18) Must also include signature of guardian.
Date:

9. Personal Information Disclosure

The SCA & SCWA protects the privacy and security of information provided by you. By completing this form, you agree to the use of your personal information to be disclose to SCA, SCWA & Clubs affiliated with SCA & SCWA. This information is used to process your registration details and assist in sending out of magazines to your nominated address and used for SCA live scores program. We do not disclose your personal information to any third party without your consent

NB: If your firearm is for Club Use Only, this form MUST be emailed through to the State secretary@sportingclayswa.org

Office use only	DATE ENTERED	NEW MEMBER NUMBER