

Sample Application For Membership*(Please complete in black Ink and in block letters)*

Surname:	First Name/s:
Title: Mr / Mrs / Ms / Dr / Prof / Hon / Rev (√)	ID #: <input type="text"/>
Home Tel. Number: (0)	Work Tel. Number: (0)
Cell Number: 0	Facsimile Number: (0)
e-mail address: @	Occupation:
Residential Address (Optional):	
Postal Address: (Required):	
Nationality:	Citizen / Permanent Resident / Other (√)

- I certify that the details contained herein are true and correct and understand that any false declaration will void this application and/or result in the termination of any membership granted.

- I agree that the Association may make any reasonable enquiries as to my suitability as a prospective member and confirm that to the best of my knowledge, I conform to all requirements for certification as a Firearms or Ammunition Collector, in terms of the Firearms Control Act, Act 60 of 2000 and its accompanying Regulations.

- I also acknowledge and accept that membership of the Association is a privilege at the discretion of the Association and that failure to comply with the letter and intent of the Constitution, could lead to suspension and/or termination of membership with all legal implications that this may have in terms of Firearm ownership.

- I further declare that I have never been convicted of any firearm or violence related offence/s in South Africa or any other Country. (see Questionnaire).

Signature:

Date: 20__ / /

Proposed By: (Name):	Signature:
Seconded By: (Name):	Signature:

Notes:

- Only members with a minimum 1 years membership of good standing, may propose or second applicants

- Please answer the attached questions on a separate sheet providing as much detail as is possible.

- Where requested to attend an interview, please come prepared to motivate your application.

- Firearms and live ammunition are not to be brought to the interview for any purpose whatsoever.

<u>For Office Use Only:</u>	Application Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
More Information Required: 20__ / /	Interview Required:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Probation Granted: 20__ / /	Probation Period:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Membership Granted: 20__ / /	Membership Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Membership Declined: 20__ / /	Reason:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chairman's Signature:	Date: 20__ / /	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>