ENDEAVOUR PISTOL CLUB INC.

Postal address: C/- 601/1 Surf Road, CRONULLA NSW 2230
www.endeavourpistolclub.org Email: secretary@endeavourpistolclub.org
Tel.: President 0408 474 131 Secretary 0413 101 871

NEW MEMBERSHIP APPLICATION 2025-26

I, ……
(full name of applicant)

hereby apply to become a member of Endeavour Pistol Club Inc. In the event of my admission as a member, I agree to be bound by the constitution of Endeavour Pistol Club Inc. for the time being in force.

Applicant's details:

Proof of identity (eg, driver's licence, passport) - Type: ……No.: …… Exp. Date: ……

Home address: …….....…….. P/code: ……

Postal address (if not home address): ..... P/code: .....

Email: ……

Tel. (H) …… (Bus) ……..… (Mob.) ……..……..

Date of birth: ...../……/…… Australian citizen: YES / NO

Occupation: ……..……

Employer's name & address: .....

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FIREARM LICENCE: Circle each category as shown on Firearm Licence: **A B H G**

- Licence No.: ……..……, Card No.: ..…….…. Expiry date: ……..…… ***OR***
- Cat. H Probationary Licence No.: …..…… Expiry date: ……..……

SSAA NO.* ……..…… Expiry date: ……..

HI-CAL PISTOL PERMIT NO.*: ……..…… Expiry date: ……..

** If applicable, otherwise write "N/A".*

Have you ever been refused membership of any pistol or shooting club? **YES / NO**

Have you ever been expelled from any pistol or shooting club? **YES / NO**

Are you currently a member of any pistol or shooting club? **YES / NO**

If YES, name of club: ……

Do you wish to capitate through Endeavour Pistol Club? **YES / NO**

(If so, Endeavour Pistol Club becomes your principal pistol club.)

Have you ever been subject to any of the following?

1. A firearm prohibition order / AVO **YES / NO**
2. A prison sentence **YES / NO**
3. A criminal record **YES / NO**
4. A mental illness **YES / NO**

If you have answered **YES** to any of the above (Nos. 1-4), please give details. ***(Write down details and attach to this form.)***

DETAILS OF FIREARMS IN YOUR POSSESSION:

Please circle YES if you possess one or more in each category, OR NO if you don't possess any:

CENTREFIRE	YES / NO	BLACK POWDER	YES / NO
RIMFIRE	YES / NO	LONG-ARMS/RIFLE	YES / NO
AIR PISTOL	YES / NO		

Provide two written character references obtained from persons who are over the age of 18 years, are not family members, and have known you (the applicant) for at least two years. *(References form attached.)*

Nominated by: …… Seconded by: ……..……..

APPLICANT TYPE: Adult ☐ Age Pensioner ☐ Junior ☐ A-FDM ☐ J-FDM ☐ Assoc. ☐

MEMBERSHIP PERIOD: Full year ☐ **OR** 1/2 year (applicable after 30/04/26) ☐

Forms may be posted / emailed (see address details below) or handed in at Sydney PC.

PLEASE CIRCLE YOUR METHOD OF PAYMENT: cash / cheque / credit card / direct debit.

MEMBERSHIP FEES – *see attached.*

Credit card payment: *Please circle*: Visa / Mastercard *(No other cards available at this stage).*

Your name as shown on card: .....

Card number: ..... CVV No.: ……

Expiry date: ..... Amount paid: .....

Direct Debit payment to: IMB Bank, BSB No. 641-800, Account No. 033004085.
You MUST include your name in "lodgement reference" box or similar.

A receipt will be issued once payment has been processed.

Postal address: C/- The Secretary, EPC Inc., 601/1 Surf Road, CRONULLA NSW 2230 OR
Email: secretary@endeavourpistolclub.org

Applicant's signature: …… Date: ...../……./……..

MEMBERSHIP FEES FORM (TO BE COMPLETED BY APPLICANT) AND REFERENCES FORM ARE ATTACHED TO THIS APPLICATION.

Club official to complete:

TOTAL FEES PAID: $ ……..…….. *Cash/cheque/ CC / DD* *Date: ……* *Rec. No. ….……...*

M'ship No.: EPC ….……..….. *Signed: .....*

Two references sighted: ***YES / NO***
Proof of identity sighted: ***YES / NO***

Notes: ……..……..……

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