



ABN: 63 396 072 164

# IPSC (AUS) AFFILIATION FORM

## 1 July 2009– 30 June 2010

It is your decision what information you provide; if you choose not to provide the information usually collected or you are unable to provide such information, it may result in your membership being restricted or void. IPSC (Australia) Inc will treat your personal information in a strictly confidential manner. Information pertaining to you will only be disclosed with your consent, or if required by law. You may obtain access to any of your personal information held by us, on request.

**NB:** Membership of IPSC (Australia) Inc is subject to membership of an IPSC affiliated Club and validation by your Section.

Return your completed form and payment to:

IPSC (VIC) Inc  
PO Box 7130  
CRANBOURNE  
NORTH VIC 3977



### Contact Details

IPSC Australia Membership No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email \_\_\_\_\_

Email can be used for communication? **Yes**  **No**

Date of Birth / /

Gender **Male**  **Female**

Phone Home \_\_\_\_\_

Phone Work \_\_\_\_\_

Mobile \_\_\_\_\_

Fax \_\_\_\_\_

### Membership Details

Membership Type \_\_\_\_\_

Club \_\_\_\_\_

Disciplines: **Pistol**  **Rifle**  **Shotgun**

NROI Membership No  Rank \_\_\_\_\_

SSAA No \_\_\_\_\_ Exp Date / /

*Membership is subject to your being a financial membership of a Club which is affiliated to IPSC (Australia) Inc*

*SSAA Membership Recommended*

### Family membership

*Family membership includes spouse, partner or dependant student children under 25 at the same address as primary member*

As the person completing this form, are you the: Primary Member?  Additional Family Member/Junior?

Indicate details of all members of your family who are also IPSC members (see definition above):

Surname	First Name	Date of Birth	Relationship	IPSC No.
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____

*A separate affiliation form must be completed for each family member*

### Fee Structure ( mark with an X- payment for this affiliation form only)

Full Member/Primary Family Member	\$95.00	<input type="checkbox"/>	Full Member/Primary Family ( <i>Pro rata</i> )	\$47.50	<input type="checkbox"/>
Age Concession ( <i>65 and over on 1.7.2009</i> )	65.00	<input type="checkbox"/>	Age Concession ( <i>Pro rata</i> )	\$32.50	<input type="checkbox"/>
First Additional Family Member	\$32.50	<input type="checkbox"/>	First Additional Family Member ( <i>Pro rata</i> )	\$16.25	<input type="checkbox"/>
Second Additional Family Member	\$12.50	<input type="checkbox"/>	Second Additional Family Member ( <i>Pro rata</i> )	\$6.25	<input type="checkbox"/>
Third (& more) Additional Family Member	\$00.00	<input type="checkbox"/>	Third (& more) Additional Family ( <i>Pro rata</i> )	\$00.00	<input type="checkbox"/>
Junior ( <i>under 21 years on 1.7.2009</i> )	\$32.50	<input type="checkbox"/>	Junior Member ( <i>Pro Rata</i> )	\$16.25	<input type="checkbox"/>
Family Cap ( <i>Primary plus two or more family</i> )	\$140.00	<input type="checkbox"/>	Life Member	\$00.00	<input type="checkbox"/>

*Pro rata applies from 1.1. 2010 o FIRST TIME NEW IPSC Members only*

### Application

I hereby apply for affiliation/re-affiliation with IPSC (Australia) Inc

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Name of Applicant Signed Date

### Confirmation by Section Coordinator

I confirm the applicant has been accepted by the Section.

I also confirm the following:

\_\_\_\_\_  
 Name

Holster Proficient? **Yes**  **No**

Grading: **Open**  **Std**  **Prod**  **Rev**

*(Insert the appropriate Grade symbol in the box)*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature Position Date

**Please make cheques payable to IPSC VIC**