



MEMBERSHIP APPLICATION

Esk Branch Shooters Union Qld Inc.
 Approved Club No 80001593 (Weapons Act 1990)
 Address: PO Box 90, Esk Qld, 4312
 www.eskshootersunion.org.au

Esk Branch Shooters Union Qld Inc.

Title	<input type="checkbox"/> Miss	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr
Name	First Name		Middle Name		Surname
Address	Residential Address			Suburb	Postcode
	Postal Address (If different)			Suburb	Postcode
Email Address					Date of Birth (dd/mm/yyyy)
Phone(s)	Home Phone Number		Work Phone Number		Mobile Phone Number
Emergency Contact	Name		Phone Number		Relationship to you
Identification	Drivers Licence No	Expiry Date /	Longarm License Category AB No	Expiry Date /	Pistol License Category H No /
Shooters Union	State		Membership No (Compulsory)		

Membership Category

Esk Branch Shooters Union Qld Inc is approved by the Queensland Police to be an approved club (Our approval 80001593) for the purposes of the weapon Act 1990. The Club is approved for possession and use of category A weapons, Category B weapons and category H weapons for sports and target shooting.

1.	Full membership (Membership 1 January to 31 December)	<input type="checkbox"/> \$ 50 per year
2.	Junior (under 18) (Membership 1 January to 31 December)	<input type="checkbox"/> \$ 20 per year

Will Esk Branch be your primary club for Weapons Licensing Branch (WLB) attendances?

Y / N (Please circle)

If NO, Name of your primary club: _____



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Membership Application

I the person named in section 1 of this application form, hereby apply to join Esk Branch Shooters Union Qld Inc and agree to the following:

<input type="checkbox"/>	I agree to abide by the club's Standing Orders, Code of Conduct, Constitution and other bylaws on each visit to the club and understand that my membership may be terminated or suspended immediately if I do not.
<input type="checkbox"/>	I will not attend the club whilst under the influence of drugs and or alcohol.
<input type="checkbox"/>	I will not use my firearm at the club in any way to deliberately harm any range equipment or person.
<input type="checkbox"/>	I have attached copies of my Weapons Act Licence/s or Drivers Licence.

Club Value Declaration

The Esk Branch Shooters Union Inc is committed to the key pillars of **Safety, Responsibility, and Community**.

We promote respect for all members, foster inclusion in shooting sports, and actively advocate for responsible firearm ownership, education and the future of our sports.

I confirm that I support these principles and will promote a safe, respectful, and inclusive environment at the range and all club activities - on an official volunteer and/or sporting participant and/or official capacity basis - respecting the dignity of members within our community at all times.

I hereby agree to abide by all Esk Branch Shooters Union Qld Inc. rules, the Club Constitution/Code of Conduct, the *Weapons Act 1990* (Qld), and any subsequent amendments, and to complete a mandatory safety induction/orientation session before using the range.

Character Reference

To Esk Branch Shooters Union Qld Inc., I have known the applicant (Insert Proposed Members Name)		Insert Number of years.	
		For	Years
During the period of time I have known the applicant, they have always demonstrated the personality traits in my opinion that make them a suitable person to join the Esk Branch Shooters Union Qld Inc. Club.			
Referee's Name		Referees Address (Street Number, Name, Suburb & Postcode)	
Referee's Signature	Date of Signing	Referee's Email Address	Referee's Contact No



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Signature of Applicant: _____ Date: _____

Parent/Guardian signature (if under 18): _____ Date: _____

Membership is 1st of January - 31st December each calendar year

FEES

Adult: \$50 per year

Juniors (under 18): \$20 per year

NO PAYMENT is to be made with this application. Club membership is subject to committee approval. You will be notified for payment if your application is approved.

CLUB USE ONLY (for screening and record)

Application Received: _____

Proposed / Referenced by (Current Financial member 1)

Name: _____ Membership No: _____ Signature: _____

Seconded / Referenced by (Current Financial member 2)

Name: _____ Membership No: _____ Signature: _____

Safety Induction / Orientation Completed: Y / N Date: _____

Approved: Y / N Date: _____

Comments: