

# Midland Sporting Firearms Association (Inc)

## Firearms Training Systems Pty Ltd

Membership Application

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Range User Application

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Applicants Full name: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Tel: (H) \_\_\_\_\_ (Mobile/Work) \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you ever been convicted of a criminal offence? Yes ( ) No ( )

If 'Yes', then please give details; \_\_\_\_\_

Firearms license number: \_\_\_\_\_ Pistol ( ) Rifle ( ) Expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Drivers license number: \_\_\_\_\_ Expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other ID: \_\_\_\_\_ National Police Clearance: Yes / No / N/A

### Two (2) References:

1. Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Any medical issues / special needs? Yes / No Details: \_\_\_\_\_

### Acknowledgment of Risk:

I confirm that I accept, and understand, (a) that entry into, and remaining on, and use of any facilities in, any premises occupied by Firearms Training Systems Pty Ltd, or which it has access too (including the shooting range beneath 170 Great Eastern Highway, Midland) is permitted subject to, and solely on the condition that, I consent to doing so entirely at my own risk and I waive, and will not have or make, any claim or right that I might otherwise have against Graeme Harris Guns Pty Ltd A.C.N. 009 078 264, Graeme Robert Harris, Firearms Training Systems Pty Ltd A.C.N. 057 199 961 or Midland Sporting Firearms Association (inc) (together called 'The Harris Group') however arising, whether in contract or in negligence or otherwise and including the damage or injury, however occasioned, and whether or not arising, directly or indirectly, from any negligent act, breach of duty, default or omission, and whether or not in relation to the use, control or discharge of a firearm, by any assignee, tenant, agent or employee of, or any one or more of, (The Harris Group); and (b) that the damage and injury referred to above including the damage and injury and death caused by shooting or discharging a firearm.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

OFFICE USE ONLY: Receipt Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Receipt No. \_\_\_\_\_ Member No: \_\_\_\_\_

Debtor Code: \_\_\_\_\_ Status: \_\_\_\_\_

## Firearms Training Systems Range User

### 100 Point ID Checklist

**100 points are required to attend training / use the midland indoor range.**

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Driver's license with signature = **75 points**

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Current photo passport = **75 points**

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Security officer ID card with photo = **75 points**

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Current firearms license = **50 points**

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Current firearms ID with photo and signature = **50 points**

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Current credit card with signature = **50 points**

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Current eftpos card = **50 points**

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Birth certificate = **50 points**

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MARCSTA / Trade workers security / ID card = **50 points**

☐

Current medicare card = **25 points**

☐

Government issue proof of age card = **25 points**

☐

Reference: **(required)**

☐

Reference **(required)**

☐

**Total points**

Other comments: \_\_\_\_\_

\_\_\_\_\_

Identification checked by? \_\_\_\_\_