Practical Pistol League of Australia

(SSAA)

MEMBERSHIP RENEWAL 2017-2018

SURNAME_____ GIVEN NAMES_____
ADDRESS_____
_____ POST CODE_____
DOB_____ OCCUPATION_____
TELEPHONE: BH_____ AH_____
MOB:_____ EMAIL:_____

MEMBERSHIP TYPE	ADULT	ASSOCIATE	FAMILY	JUNIOR
FEE	170.00	170.00	38.00	38.00
EARLYBIRD FEES*	150.00	150.00	27.00	27.00

- *Earlybird fees must be paid in full by **31st May 2017** or **FULL** fees apply.*
- *IPSC Fees are paid direct to **IPSC Victoria** and PPLA is **NOT** a VAPA affiliated club.*

Working bee fees **(non attendance)** $_____

TOTAL ENCLOSED **$_____**

Method of payment: ( ) Cheque ( ) Money Order ( ) Direct Deposit
( ) Bank Card ( ) Master Card ( ) Visa Card

Credit Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Expiry Date: _ _ _ / _ _ _

BSB: 013 332 **Acct #: 2562 47429** **Name: PPLA** **Bank: ANZ**
Please provide a copy of the bank receipt, either emailed or snail mail with your renewal.

PLEASE ENSURE THE REVERSE SIDE OF THIS RENEWAL APPLICATION IS CORRECTLY COMPLETED.
INCOMPLETE INFORMATION WILL DELAY YOUR RENEWAL APPLICATION.
PLEASE PRINT IN NEAT BLOCKLETTERS SO THAT YOUR INFORMATION CAN BE READ ACCURATLEY.

IPSC MEMBERSHIP NUMBER IS:_____. SSAA MEMBERSHIP NUMBER IS:_____(Photo copies attached)

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND I AGREE TO ABIDE BY THE RULES AND CONSTITUTION OF THE PPLA AND ANY AMENDMENTS THEREOF.

SIGNED:_____

PLEASE FORWARD PAYMENT TO REACH THE CLUB BY THE 30th June 2017 TO:

PPLA RENEWAL
PO BOX 7130
CRANBOURNE NORTH VIC 3977

INCOMPLETE OR INSUFFICENT PAPERWORK/PAYMENT WILL BE RETURNED.

If you are experiencing difficulties meeting these fees it is important to contact the Club President, so that alternate arrangements can be made, as we need to know your intentions by 30th June 2017. If you do not make alternative arrangements, the Licensing & Regulation Division will be notified that you are no longer a financial member of the PPLA. If you do not intend to renew, it would be appreciated if you could let us know.

PRESIDENT: BILL CAMPBELL 0412 855 266

Australia's Premier Shooting Club

PRACTICAL PISTOL LEAGUE of AUSTRALIA

2017-2018

MEMBER LICENCE AND HANDGUN RECORD

FULL NAME _____

ADDRESS _____

(As shown on _____

License) _____

PHONE NUMBER _____ Mob: _____

PRINCIPAL CLUB _____

Other club/s _____

LICENCE NUMBER _____ EXPIRY DATE _____

HANDGUN DETAILS

Serial number	Caliber	Make	Barrel Lth	Capacity