

NEWCASTLE PISTOL CLUB Inc.

P.O. Box 252 WARATAH NSW 2298

Phone: 02 4968 4244

(Location: - 54 Eldon Street WARATAH WEST NSW)

ABN: 36 957 237 073 - CAN 403 901 401

Banking Details - BSB 650 000 Account 960 400 001



Secretary: John Gibson

Email: secretary@newcastlepistolclub.org.au

President: David Caban

MEMBER DETAIL FORM

Please PRINT in BLACK ink and return by email, hand or post.

Full Name: _____ Preferred 1st Name: _____

Residential Address: _____

Town/Suburb: _____ Post Code: _____

If Same as Residential (tick): ☐

Postal Address: _____

Town/Suburb: _____ Post Code: _____

Phone: _____ Mobile: _____

Email: _____

Working with Children No: _____ Expiry Date: _____

NSW Vehicle Drivers Licence No: _____ Expiry Date: _____

Firearms Customer No: _____

Firearms Licence No: _____ Expiry Date: _____

Firearms Licence Categories (tick): A ☐ B ☐ C ☐ D ☐ H ☐ G ☐

Firearms Inspection Event No: _____ Inspect Date: _____

Holster Card No: _____ Expiry Date: _____

Commissioners Permit No: _____ Expiry Date: _____

SSAA Card No: _____ Expiry Date: _____

I own the following categories of PISTOLS (tick):

Air ☐ | Rim-Fire ☐ | Centre-Fire ☐ | Large Calibre (0.40-0.45) ☐ | None ☐

I certify that all details on this form are true and correct.

Signature: _____

Date: _____

Office Use Only

NPC Admin Computer: ☐

NPC SAAS Computer: ☐

NPC Email Contact List: ☐

NSWAPA: ☐