



ABN: 63 396 072 164

IPSC (Australia) Inc AFFILIATION FORM

1 July 2011 – 30 June 2012

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.



Please return
your completed
form and payment
to:

IPSC (SA) Inc
PO Box 353
GREENWITH SA 5125

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

Member Details					
Member ID					
Name					
Address					
Suburb					
State		Post Code		Communicate by email? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email address					
Date of Birth		DD / MM / YY		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
Phone Home			Phone Work		
Mobile – Work			Mobile		
Fax					
Club Membership					
<i>Membership is subject to your being a financial membership of a Club which is affiliated to IPSC (Aus) Inc</i>					
Disciplines		Pistol <input type="checkbox"/>		Rifle <input type="checkbox"/>	
				Shotgun <input type="checkbox"/>	
NROI Membership		Member No		Rank	
SSAA Membership			SSAA Expiry Date		DD / MM / YY
Firearms Licence No			Licence Expiry Date		DD / MM / YY

Family Members (includes spouse, partner or dependant student children under 25 at the same address as the primary member)				
As the person completing the form, are you the:		Primary Member? <input type="checkbox"/>		Family Member? <input type="checkbox"/>
<i>Please add below the details of all members of your family who are also IPSC members</i>				
Surname	First Name	Relationship	Date of Birth	IPSC No.
			DD / MM / YY	
			DD / MM / YY	
			DD / MM / YY	
			DD / MM / YY	

FEE STRUCTURE (mark the appropriate box)				
Full Member/Primary Family Member	\$95.00	<input type="checkbox"/>	Full Member/Primary Family Member (Pro rata)	\$47.50 <input type="checkbox"/>
Age Concession (65 and over on 1.7.2011).....	\$65.00	<input type="checkbox"/>	Age Concession (65 and over on 1.7.2011) (Pro rata)	\$32.50 <input type="checkbox"/>
First Additional Family Member	\$32.50	<input type="checkbox"/>	First Additional Family Member (Pro rata)	\$16.25 <input type="checkbox"/>
Second Additional Family Member	\$12.50	<input type="checkbox"/>	Second Additional Family Member (Pro rata).....	\$6.25 <input type="checkbox"/>
Third (or more) Additional Family Member	\$00.00	<input type="checkbox"/>	Third (or more) Additional Family Member (Pro rata).....	\$00.00 <input type="checkbox"/>
Junior (under 21 years on 1.7.2011)	\$32.50	<input type="checkbox"/>	Junior (under 21 years on 1.7.2011) (Pro rata).....	\$16.25 <input type="checkbox"/>
Family Cap (Primary plus two or more family).....	\$140.00	<input type="checkbox"/>	Pro rata applies from 1 January 2012 to FIRST TIME NEW IPSC Members only	
IPSC(Aus) Life Member	\$00.00	<input type="checkbox"/>		

Application		
<i>I hereby apply for affiliation/re-affiliation with IPSC (Australia) Inc</i>		
Name of Applicant		Date
Signature		

Confirmation by IPSC (SA) Inc						
<i>I confirm the applicant has been accepted by the Section and their Holster Proficiency and Grading record is as follows:</i>						
		Holster Proficient?		Yes <input type="checkbox"/>		No <input type="checkbox"/>
Name	Signature	Date	Grading	Opn <input type="checkbox"/>	Std <input type="checkbox"/>	Prd <input type="checkbox"/>
				Rev <input type="checkbox"/>		

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Credit Card Payment

Master Card

Visa Card

Name on Credit Card _____

Card Number

Expiry Date (MM/YY) /

Signature of Cardholder _____

Below this line for IPSC(SA) use only

Date posted

Authorisation code



IPSC (SA) Inc Conditions of Entry

Match Entry Release and Waiver

I am aware that participating in IPSC competition is a potentially dangerous undertaking and that participating in that activity is at my own risk. I acknowledge that the Competition Organisers, (which term includes all persons involved in the designing, constructing and administering the competition, the host Club, its Committee, members, servants or agents), cannot control a range of matters that will create or vary risks to my health and safety. Such things include the weather, deterioration of range surfaces through use, personal attributes such as my fitness and level of expertise and my approach to the challenges presented in this competition.

I am also aware that it is a condition of my entry into this competition that I waive all rights I might otherwise hold against the Competition Organizers. I release the Competition Organizers from all liability any of them might later have to me for or arising out of any injury to me caused in any way by my participation in the competition or by any other way whatsoever due to any negligent act, breach of duty, default and/or omission on the part of the Competition Organizers.

I am also aware that any person participating in IPSC competition at this range is only allowed to do so on the distinct understanding that they do so at their own risk.

My signature below acknowledges that of my own free will and desire I have contracted with the Competition Organisers to participate in IPSC competition and that I have read and understood the warning, and release from liability and waiver stated above, and agree to be bound by it as a condition of my entry into this competition.

By signing this document I understand that it is valid for the period 1st July 2011 to 30th June 2012 inclusive.

I, _____ IPSC Number: _____
(Full name)

of _____
(Full residential address)

Signature

Date