Australian Cartridge Collectors' Association Inc.

2027 MEMBERSHIP RENEWAL Member No.....

Every member MUST complete and return each Year.

Full Name (Please PRINT) _____ D.O.B. _____

Address _____

Postal Address (if different) _____

State/Territory _____ Post Code _____ Country _____

Phone _____ Mobile _____ Email _____

Please indicate with a tick √ if you DO NOT want any of the following on the website membership list

☐ **Name** ☐ **Phone number** ☐ **email address**

To Collect Ammunition in Australia, a State Permit / License / Authority is required. You must attach a copy (or email / SMS) to the address below.

Number _____ Expiry Date _____ State/Territory _____

NON-Ammunition collectors (Boxes, Advertising, Loading tools, etc.). Complete and return, Non-Ammunition Collector's Declaration. Available on website or available from Membership Secretary.

NOTE: Queensland & overseas members do not necessarily have to complete this section.

MEMBERSHIP FEES (Circle one) Due on the 1st January each year.

Australia: Adult: $45 pa
Pensioner: $35.00
Associate: Add $15 each person - Partner and/or children (between 12 and 18 yrs) complete **below**

Overseas: **Adult**: AUS $55 pa

Partner and/or children (between 12 and 18 yrs) to be included in above membership

Name ..... **D.O.B.** ..... **Membership No** .....

Name ..... **D.O.B.** ..... **Membership No** .....

Name ..... **D.O.B.** ..... **Membership No** .....

PAYMENT: (cross one)

☐ **Cash** ☐ **EFT** ☐ **PayPal**. **Amount Paid** $ _____

EFT Payments:
Australian Cartridge Collectors Association Inc Commonwealth Bank; BSB 063 517 A/C 00902836
Must include your full name as Payment Advice

Paypal Payments: acca1979payments@gmail.com (in your Paypal account)
Must include your full name as Payment Advice

DECLARATION

I declare that I have not had a conviction that would disqualify me from firearm ownership. I am aware of the legal requirements for purchasing, selling and collecting ammunition and I will abide by those laws and the constitution of the ACCA.

Signed :_____ **Date**: ___ / ____/ _____

Please complete and send to: ACCA Membership, PO Box 116, Imbil. QLD 4570 Australia.
Phone: +61438845304 **Email:** ijblain@outlook.com ***Ver 2/26***