

Australian Cartridge Collectors' Association Inc.

2024 MEMBERSHIP RENEWAL Member No

Every member **MUST** complete and return

Full Name (Please PRINT) _____ D.O.B. _____
Address _____
Postal Address (if different) _____
State/Territory _____ Post Code _____ Country _____
Phone _____ Mobile _____ Email _____

State Permit/Licence/Authority to Collect Ammunition (Please attach a copy)

Number _____ Expiry Date _____ State/Territory _____

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

Please indicate with a tick if you **DO NOT** want any of the following details published in the Membership List:

Address Phone Mobile E-mail

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

Australia: **Adult:** \$50 pa
 Pensioner: \$35 pa with proof
 Family: \$65 pa includes partner and/or children under 19 yrs old (**complete below**)
Overseas: **Adult:** AUS\$60 pa
e-Journal: **All:** AUS\$35 pa

Family members to be included in above membership

Name **D.O.B.**
Name **D.O.B.**
Name **D.O.B.**

PAYMENT: (Circle one)

Cash, Cheque, Money Order, Bank Draft, EFT or Paypal. (**Overseas** - No personal cheques please).

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