



# SOUTH AUSTRALIAN REVOLVER AND PISTOL ASSOCIATION INC.

PO Box 310, Seacliff Park, South Australia 5049 • Email: sarpa@adam.com.au

Affiliated with

International Shooting Sport Federation • Shooting Australia Inc • Pistol Australia Inc  
South Australia Shooting Association • Sport SA • Combined Firearms Council of South Australia Inc

## APPLICATION FOR CAPITATION

Club Secretaries - See \* in Section B on the reverse hereof before giving this form to the Applicant

### SARPA USE ONLY

SARPA Card No: \_\_\_\_\_

SARPA Card Done: Yes / No

Entered: \_\_\_\_\_

Invoice No: \_\_\_\_\_

SEC \_\_\_\_\_

### Section A

Surname/Family Name: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Date of Birth: ...../...../..... \*Junior  Gender: M / F Occupation: \_\_\_\_\_

Phone: Home: ..... Work: ..... Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

I hold a **current** Firearms Licence (No.:.....) issued in the State of:.....

for the following categories:  H  A  B  C  D which expires on ...../...../.....

(OR) (Tick as appropriate)

I am currently in the process of making an **Application (or Variation) for a Firearms Licence** to include

the following categories:  H  A  B  C  D (OR) Archery Only

I have/will apply for membership of the ..... Club.

(Name of the Club you have or are intending to join)

Proposer's Name:..... Seconder's Name:.....

Date: ...../...../20..... Signature of Applicant:.....

Date: ...../...../20..... \* Signature of Parent/Guardian:.....

(if under The Applicant is under 18 years of age)

#### I DECLARE THAT:

- I have not had a personal Firearms Licence suspended, cancelled or revoked in any State or Territory of the Commonwealth of Australia or its dependencies. I do not have a Firearms Prohibition Order issued nor do I have any medical condition which may have a bearing on my ability to handle a firearm safely.
- The information I have supplied in Sections A and B herein are true.

#### I AGREE:

To be bound by the Rules of the Association and of the Club, and pay my subscriptions when due. I understand that any misrepresentation or omission in this Application, or any misconduct on my part that may be prejudicial to the reputation of either the Association or the Club, or the safety of their members, will be sufficient cause for my dismissal from the Association and the Club.

Date: ...../...../..... Signature of Applicant or Parent/Guardian:.....

Declared and witnessed by:  Secretary **or**  President of the above named Club.

Print Name:..... Signature:.....

on this day ..... of ....., 20.....

#### Club Use Only

This Application for Capitation with SARPA has been approved by the Committee of Management of the abovenamed Club at a

meeting held on: ...../20.....

Secretary's Signature:.....

President's Signature:.....

#### SARPA Use Only

This Application for Capitation is:

**Approved / Not Approved**

...../20.....

Signed - SARPA Secretary

**NOTE - This form MUST accompany any capitated member who transfers to another SARPA affiliated Club.**

## Section B

### \*CLUB SECRETARIES PLEASE NOTE:

**You will need to assess the Applicant in regard to Question 1. It is imperative that the applicant understands English sufficiently to enable them to read and understand safety and warning signs and also understand verbal instructions which are used during competition and around the Range.**

1. Can you read, write and speak English? ..... Yes  No

**As Club Secretary, I have asked the Applicant if they need an interpreter to complete this Application. The Applicant confirmed they CAN / CANNOT read English sufficiently well to complete this Application AND to understand warning or safety signs around the Range, and also to understand verbal instructions given during competition or at other times around the Range.**

Club Secretary:.....

2. Have you lived at your current address for the last 3 years? ..... Yes  No

*If "NO", then supply all previous address(es) spanning the 3 years prior to the date of this Application:*

.....  
.....

3. Have you ever previously been a member of any other Shooting Club? ..... Yes  No

*If "YES", provide the names of the Club(s) and date(s) of membership at those Club(s)?*

.....  
.....

4. What were the reasons for you leaving that Club?

.....  
.....  
.....

**(Note: Previous Club/s will be contacted for verification.)**

5. Has your membership to ANY shooting Club ever been refused or revoked? . . . . . Yes  No

*If "YES", which Club(s), when, and what were the reasons given?*

.....  
.....

\*6. Other than for minor road traffic offences, have you ever appeared before a Court of Law, Panel, or other Judicial Body of any kind charged with any offence and been found guilty? ..... Yes  No

*If "YES", state when, the type of offence, the nature of the Judicial Body and the penalty? Include ALL instances.*

.....  
.....

\*7. Have you any pending prosecutions (other than for minor road traffic offences)? . . . . . Yes  No

*If "YES", give details (in full).*

.....  
.....

8. What are your reasons for applying for this capititation?

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.....  
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