IPSC AUSTRALIA

ABN: 63 396 072 164

GPO Box 3293 Darwin NT 0801 E-mail: membership@ipsc.org.au



Tax Invoice

Club Membership Application
1 July 2025 - 30 June 2026

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 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.

NB: New Club Membership to IPSC Australia is subject to approval/validation by your Section.

CLUB DET	AILS						
Club ID							
Section							
Club Nam	e						
Postal Add	dress						
Suburb							
State				Post Code			
Phone at	Range						
Email at R	lange						
DELEGATE							
Name	-						
Phone Ho	Phone Home Phone Work						
Mobile	Mobile Fax						
Email							
Communi	cate by email?						
SECRETAR	XY .						
Name							
Phone Ho	Phone Home Phone Work						
Mobile	Mobile Fax						
Email							
Communi	cate by email?						
CORRESPO	ONDENCE TO BE SENT	T TO (select one or	nly)	Delegate?	Sec	retary?	
CLUB CERTIFICATE			Required?	Not Rec	quired?		
FEE STRUC	CTURE including GST						
Club affiliation fees are based on the number of club members affiliated to IPSC Australia as of 30 June 2025							
5 or less IP	SC members \$20.00	6 to 10 I	PSC members	\$50.00	More than	11 IPSC members	\$120.00
APPLICATION	ON BY CLUB REPRESEN	TATIVE					
I hereby make	e application to affiliate the o	above club with IPSC	Australia for 20.	25/2026			
Name		Position in Club		Signatur	e		Date
CONFIRMA	TION BY SECTION COO	RDINATOR					
I hereby valid	ate membership of the above	e club for affiliation w	ith IPSC Austra	lia for 2025/2026			
Name	e Signature						Date
PAYMENT BY DIRECT BANK DEPOSIT (EFT)					(Please atta	ch proof of payme	nt to this form
Recipient	IPSC Australia 3SB	084-789	Account	786722864	Reference	Please quote Cl	ub's Name
	Return form & payment payment details to	: IPSC A	ership Officer Australia Ox 3293 DAR\	WIN NT 0801	e-mail:	membership@ip	osc.org.au