

IPSC AUSTRALIA

ABN: 63 396 072 164
GPO Box 3293 Darwin NT 0801
E-mail: membership@ipsc.org.au



Tax Invoice

Application for Membership
1 July 2024 - 30 June 2025

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: Membership is subject to being a financial member of a Club that is affiliated to IPSC Australia and validation by your Section.

MEMBER DETAILS

New Member (Never been a member of IPSC)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Renewing Member	Yes <input type="checkbox"/>	No <input type="checkbox"/>	IPSC No	
Name							
Postal Address							
Suburb		State			Post Code		
Email address					Communicate by email?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of Birth	DD / MM / YY	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Ph Home			
Ph Work		Mob Work		Mob			
Disciplines	Pistol <input type="checkbox"/>	Rifle <input type="checkbox"/>	Shotgun <input type="checkbox"/>	NROI No	Rank		
Club Name							
SSAA Membership is recommended			SSAA Member No	SSAA Expiry Date	DD / MM / YY		
Handgun Licence No		Issuing State		Expiry Date	DD / MM / YY		

NB: Your membership is subject to you being a financial member of a Club which is affiliated to IPSC Australia

FAMILY MEMBERS (Includes spouse, partner, or dependant student child 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"/>		
Please add details below of <u>all</u> your family members who are also IPSC members. A separate form <u>must</u> be completed for each family member.				
Surname	First Name	Relationship	Date of Birth	IPSC No.
			DD / MM / YY	
			DD / MM / YY	
			DD / MM / YY	

FEE STRUCTURE including GST

(Mark appropriate box)

Full Member/Primary Family Member	\$121.00	<input type="checkbox"/>	Full Member/Primary Family Member (Pro rata).....	\$60.50	<input type="checkbox"/>
Age Concession (65 and over on 1.7.2024)	\$82.50	<input type="checkbox"/>	Age Concession (65 and over on 1.7.2024) (Pro rata)	\$41.25	<input type="checkbox"/>
First Additional Family Member	\$49.50	<input type="checkbox"/>	First Additional Family Member (Pro rata)	\$24.75	<input type="checkbox"/>
Junior (under 18 years on 1.7.2024)	\$49.50	<input type="checkbox"/>	Junior (under 18 years on 1.7.2024 (Pro rata)	\$24.75	<input type="checkbox"/>
Family Cap/Primary plus two or more family	\$187.00	<input type="checkbox"/>	Family Cap/Primary plus two or more family)	\$93.50	<input type="checkbox"/>

APPLICATION

**PRO RATA FROM 1.1.2025
FIRST TIME IPSC MEMBERS ONLY**

I hereby apply for affiliation with IPSC Australia		
Name of Applicant	Signature	Date

HOLSTER PROFICIENCY AND GRADING

Holster Proficient?	Yes / No	Holster Test conducted by/on?	
		Instructor	Date

Please complete and return the form to the address at the bottom of this page.

PAYMENT BY DIRECT BANK DEPOSIT (EFT) (Please attach proof of payment to this form. Cheques are payable to IPSC Australia)

Recipient	IPSC Australia	BSB	084-789	Account No	786722864	Reference	Please quote Surname and IPSC No
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Return form & payment/
payment details to: Post: Membership Officer
IPSC Australia, GPO Box 3293 DARWIN NT 0801 e-mail: membership@ipsc.org.au