



ABN: 63 396 072 164

IPSC (Australia) Inc AFFILIATION FORM

1 July 2016 – 30 June 2017

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) Inc 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 of IPSC (Australia) Inc is subject to membership of an IPSC affiliated Club and validation by your Section



Please send completed form and payment to:

IPSC WA
PO Box 3011
Belmont WA 6104
Ph: 0418 942 664

Email: treasurer@ipscwa.asn.au

Member Details										
Member ID										
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		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Phone Home				
Phone Work				Mobile – Work						
Mobile				Fax						
Club Name						<i>Note: Your membership is subject to you being a financial member of a Club which is affiliated to IPSC (Aus) Inc</i>				
Disciplines		Pistol <input type="checkbox"/>		Rifle <input type="checkbox"/>		Shotgun <input type="checkbox"/>		NROI: Member No		Rank
SSAA Membership		Membership of SSAA is recommended		SSAA Member No		SSAA Expiry Date		DD / MM / YY		
Handgun Licence No			Expiry Date		DD / MM / YY		Issuing State			

Family Members (includes spouse, partner or dependant student children 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"/>	
<i>Please add below the details of all members of your family who are also IPSC members</i>						
Surname	First Name		Relationship	Date of Birth	IPSC No.	
				DD / MM / YY		
				DD / MM / YY		
				DD / MM / YY		
				DD / MM / YY		
A separate affiliation form must be completed for each family member						

FEE STRUCTURE (mark the appropriate box)					
Full Member/Primary Family Member.....	\$110.00	<input type="checkbox"/>	Full Member/Primary Family Member (Pro rata)	\$55.00	<input type="checkbox"/>
Age Concession (65 and over on 1.7.2016)	\$80.00	<input type="checkbox"/>	Age Concession (65 and over on 1.7.2016) (Pro rata).....	\$40.00	<input type="checkbox"/>
First Additional Family Member.....	\$40.00	<input type="checkbox"/>	First Additional Family Member (Pro rata)	\$20.00	<input type="checkbox"/>
Second Additional Family Member	\$20.00	<input type="checkbox"/>	Second Additional Family Member (Pro rata).....	\$10.00	<input type="checkbox"/>
Third (or more) Additional Family Member.....	\$00.00	<input type="checkbox"/>	Third (or more) Additional Family Member (Pro rata)	\$00.00	<input type="checkbox"/>
Junior (under 18 years on 1.7.2016).....	\$40.00	<input type="checkbox"/>	Junior (under 18 years on 1.7.2016) (Pro rata)	\$20.00	<input type="checkbox"/>
Family Cap (Primary plus two or more family).....	\$170.00	<input type="checkbox"/>	Pro rata applies from 1 January 2017 to FIRST TIME NEW IPSC Members only		
IPSC(Aus) Life Member	\$00.00	<input type="checkbox"/>			

APPLICATION		
<i>I hereby apply for affiliation/re-affiliation with IPSC (Australia) Inc</i>		
Name of Applicant	Signature	Date

CONFIRMATION BY SECTION COORDINATOR (Leave this part blank and send the form to the address at the top of the form)									
<i>I confirm the applicant has been accepted by the Section and their Holster Proficiency and Grading record is as follows:</i>									
Name			Signature			Date		Holster Proficient?	Yes/No
Handgun Grades					Rifle Grades			Shotgun Grades	
Open	Std	Prd	Classic	Rev	O/Man	S/Man	Open	S/Man	

Please complete and return the form to the address at the top of this page. Cheques are payable to IPSC WA

Payment by Direct Bank Deposit (EFT)		<i>Please attach proof of payment to this form.</i>							
Recipient	IPSCWA	Bank	ANZ	BSB	016-350	Account	3549 40913	Reference:	<i>Please quote Surname and IPSC number</i>



IPSC (WA) Inc

Conditions of Entry

Match Entry Release and Waiver

I am aware that participating in IPSC competition is a potentially dangerous undertaking and that participating in that activity is at my own risk. I acknowledge that the Competition Organisers, (which term includes all persons involved in the designing, constructing and administering the competition, the host Club, its Committee, members, servants or agents), cannot control a range of matters that will create or vary risks to my health and safety. Such things include the weather, deterioration of range surfaces through use, personal attributes such as my fitness and level of expertise and my approach to the challenges presented in this competition.

I am also aware that it is a condition of my entry into this competition that I waive all rights I might otherwise hold against the Competition Organizers. I release the Competition Organizers from all liability any of them might later have to me for or arising out of any injury to me caused in any way by my participation in the competition or by any other way whatsoever due to any negligent act, breach of duty, default and/or omission on the part of the Competition Organizers.

I am also aware that any person participating in IPSC competition at this range is only allowed to do so on the distinct understanding that they do so at their own risk.

My signature below acknowledges that of my own free will and desire I have contracted with the Competition Organisers to participate in IPSC competition and that I have read and understood the warning, and release from liability and waiver stated above, and agree to be bound by it as a condition of my entry into this competition.

By signing this document I understand that it is valid for the period 1st July 2016 to 30th June 2017 inclusive.

I, _____ IPSC Number: _____
(Full name)

of _____
(Full residential address)

Signature

Date