2025-2026 SSAA Mackay Pistol Sub-branch (Inc. Range pass) RENEWAL FORM

Instructions for application

The club has instituted a pistol Sub-branch to separate the pistol shooters from A/B shooters. We need to do this to satisfy the record-keeping and membership requirements imposed by the Weapons Act Regulations (s98 and s140).

All existing Cat H shooters/range pass holders have been automatically grandfathered into the new sub-branch.

THIS FORM IS FOR PISTOL SHOOTERS RENEWING THEIR MEMBERSHIP

The club is required to keep certain records by s140 of the Weapons Act. All members of the Pistol Sub-branch must complete and submit the attached Annual Pistol Return Form. The club is required to make this information available to a duly authorised officer when asked to do so.

The pistol Sub-branch is a subsection of the SSAA Mackay Branch, so members must agree to maintain membership throughout the year.

CHECKLIST

Please provide the following documents to support your application;-

Copy of your concealable firearms licence (if held)	
Copy of participation records (if required)	
Proof of Age (if applying for a junior or 65+ discounts)	
Copy of SSAA (Qld) Q17 membership card	
Completed Annual Pistol Return form	
Completed application form	
Proof of payment of fees (eg. Copy of direct transfer details)	

2025-2026 SSAA MACKAY PISTOL SUB-BRANCH (INC RANGE PASS) RENEWAL

<u>Current financial membership of the Sporting Shooters Association of Australia (Qld) Inc. is a pre-requisite of purchasing an</u>
<u>Annual Range Pass Renewal. Financial year runs from 1st July to 30th June.</u>

Please note: Incomplete/incorrect application forms may delay your card being issued.

PLEASE PRINT CLEARLY IN BLOCK LETTERS.

*SSAA QLD Membership No:		*Branch number (eg Q00, Q17): Q *SSAA QLD Expiry Date:							
*Cat A/B Licence No:			*Cat H Licence No:						
*Given Names:			*Surname:			*D0	OB:		
*Email Address:		*Phone Number:							
*Residential Address:									
Number:	Street:								
Suburb:		City	<i>y</i> :			Post	code:		
*Postal Address if different fro	m Residentia	al:							
Number:	Street:								
Suburb:		City	<i>y</i> :			Post	code:		
*JUNIOR APPLICANTS. (ages o	f 11 to 17 ye	ars). Parent	or Guardians	Name:					
Parent or Guardians Signature:	:					Date: /	/		
	-	PLEASE	TICK APP	PLICAB	LE BC)X			
	-				LL				
EXECUTIVE/ GOLD CARD PASS	ADU (18 years ar \$22	ınd older)	AGE DISCOU SPOUSE (cir (Aged is 65 y older \$17	rcle one) vears and r)	(Curre	CAPTAIN ent Q17 Shoot Captains) \$115	(11 to	INIOR 17 years)	
PAYMENT of FEES-									
Payment preferred via direct d Please note: Refunds will only l	-	_			178781	2.			
PAYMENT IDENTIFICATION:	_		=		oer and s	<u>Surname</u> in the di	irect depos	sit referen	ce.
Please EMAIL Renev	-			-	-	_	amackay.c	org.au".	
	Alternate	ly Post to	Range pass, Po	Box 6155 i	MMC IVI	ackay QLD 4741"			
I hereby acknowledge, the ab for the duration of this range Branch Inc. F	pass. I ackno Range Rules a	owledge and and the SSA	d understand t	the SSAA (C tandard Bra	Qld.) Inc anch Coi	. State Range Sta nstitution – Mack	nding Ord	lers, SSAA	-
*Applicant's Signature:						Date://			
			OFFICE USE	ONLY					
Date Received:		Date Enter				Database Update		Υ	N
Pistol Return Rec'd: Y	N	Pistol Atter		Υ	N	SSAA Qld M/ship Ca	ırd:	Υ	N
Documents Complete: Y	N	Card Issue	d:	Υ	N	Firearms Licence	:/s:	N/A	Y/N

Receipt Date:

Card Issued Date:

Receipt No:

2025 – 2026 ANNUAL PISTOL RETURN FORM

Whether you own a handgun or not, **ALL Category H Licensees**, are required to complete this form. <u>If you own</u>
<u>handguns</u> you must attach a copy of your "Pistol Participation Record" for the financial year, i.e.: 1 July 20** to 30
June 20** and return to the SSAA Mackay Branch Membership Officer no later than the end of July.
The Annual Pistol Return is a Legislative requirement.

NOTE: A Copy of your Pistol Participation Record is to accompany this application. Late or incomplete returns will not be processed and may lead to a Weapons Branch inquiry and loss of firearms.

*Given Names:		*Surname:				
SSAA QLD Membership No:		*Cat H Licence No:				
Email Address:		*Phone Number:				
*Residential Addres	s:					
Number:	Street:					
Suburb:	City:	Postcode:				
Class	A Air Pistol					
	B Centrefire to .38 Calibre or Black Pow	vder Pistol				
Class	C Centrefire greater than .38 Calibre a	nd up to .45 Calibre				
Class	D Rimfire					
I hav	I have a Cat H Licence but <u>DO</u> <u>NOT OWN A PISTOL</u>					
NOTE: If you have	e a Category H licence AND <u>do not ow</u> "Participatio	vn any pistols, you are not required to maintain a on Record"				
I declare that the	information given above is true and a	accurate to the best of my knowledge.				
Applicant's Signa	ture:	Date:/				
	Discourse 11 to 11					
	Please email to "rangepa: Alternately post to "Range pass", Po	, •				

IF RETURNING BY POST PLEASE PRINT "ANNUAL PISTOL RETURN FORM " ON SEPARATE PAGE