



Applicant No: _____

ENROLMENT FORM 2019

Member No: _____

1. Applicant's Details & Declaration



Name: ID No:

Address: Date of Birth:

..... Postcode:

Home Tel: Office Tel: Mobile No:

Fax No: E-Mail:

Employer..... Occupation:

I, the undersigned, hereby apply to join AMACS and the Clubs indicated above. My application form is accompanied by an original copy of a Police Conduct Certificate, two passport-sized photographs, a non-refundable application fee of € 15.00 plus payment as listed in section 2. I agree and accept that the Committees' decisions are final and that I shall withdraw my application if refused. If approved, I accept to be granted probationary membership which may be terminated if I do not attend the required minimum of club events and/or successfully pass any tests deemed necessary for my membership. Once a full member I shall abide by the terms of the statutes and rules as established by the committees. I consent to my personal details being stored in accordance with the GDPR and that I shall notify the Committee in the event of any changes in my personal details.

.....
Signature

.....
Date

2. Club Registration & Annual Fee

1. ENROLMENT FEE – ONE TIME ONLY	AMACS	€ 15.00	<input checked="" type="checkbox"/>	€ 15.00
2. ASSOCIATION OF MALTESE ARMS COLLECTORS & SHOOTERS	AMACS	€ 15.00	<input checked="" type="checkbox"/>	€ 15.00
3. MALTA ARMS & MILITARIA SOCIETY	MAMS	€ 5.00	<input type="checkbox"/>	_____
4. MALTA RIFLE & PISTOL SHOOTING CLUB	MRPSC	€ 10.00	<input type="checkbox"/>	_____
5. MALTA MUZZLE-LOADER SHOOTING CLUB	MMSC	€ 5.00	<input type="checkbox"/>	_____
6. MALTA AIRGUN SHOOTING CLUB	MASC	€ 5.00	<input type="checkbox"/>	_____
7. MALTA TACTICAL AIRSOFT CLUB	MTAC	€ 5.00	<input type="checkbox"/>	_____
8. MALTA CROSSBOW SHOOTING CLUB	MCSC	€ 5.00	<input type="checkbox"/>	_____
9. MALTA CLAY PIGEON SHOOTING CLUB	MCPSC	€ 5.00	<input type="checkbox"/>	_____
10. OR SELECT ALL OF THE ABOVE CLUBS AND SAVE € 10		€ 60.00	<input type="checkbox"/>	_____
11. Insurance Cover fee: Third Party Liability (required to participate at ranges)		€ 10.00	<input type="checkbox"/>	_____
12. Insurance Cover fee: Personal Accident (optional)		€ 5.00	<input type="checkbox"/>	_____

Total payment enclosed: _____ Cash / Cheque (No.) _____

3. General Medical Practitioner's Referral

I hereby certify that the applicant is known to me as a person of sound moral character who is in a state of good mental health.

Name:

Date:

Stamp & signature

4. Proposer & Seconder Declaration

We hereby declare our support for this application we confirm that we have both been AMACS members for at least one year.

Proposed by: Member No.: Signature:

Seconded by: Member No.: Signature:

5. Committee Approval / Rejection

Approved Rejected Official: Date: Signature:



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7. Additional Information

A. Describe your interests and activities in a few words and fill in the rest of this section if applicable:

B. Do you already have a Police Firearm Licence? NO YES

If reply is YES then please fill in the information in (C) below.

C. What Police Firearm Licences /Permits did you have under the old Arms Ordinance?

- i. Article 22 - Antique, Rare or Artistic Firearms To Keep
- ii. Article 3 - Muzzle Loading To Keep To Carry
- iii. Article 3 - Airguns To Keep To Carry
- iv. Article 3 - Shotguns To Keep To Carry
- If Shotgun Licence (iv) was issued 'To Carry' state is for Clay Pigeon or Hunting

D. What Police Firearm Licences do you have under the Arms Act 2005?

- i. COLLECTOR LICENCE A
- ii. COLLECTOR LICENCE B
- iii. TARGET SHOOTER LICENCE A
- iv. TARGET SHOOTER LICENCE B

Please submit a copy of the last paid-up Police Licences and a copy of your Insurance policy if applicable!

I hereby declare that the information submitted is true and correct.

Applicant' Signature: Date:

Official Use only :



Thank you for submitting your application to join AMACS. Please check whether you have entered all the information requested. Contact details (telephone, mobile phone numbers and e-mail) are essential for good communication. Your application will be treated within the shortest time possible. Please keep this receipt in a safe place.

