



ASSOCIATION OF MALTESE ARMS COLLECTORS & SHOOTERS

Founded 12th June 1985



Applicant No: _____

ENROLMENT FORM FOR 2026

Member No: _____

1. Applicant's Details & Declaration



Name: ID No:

Address: Date of Birth:

..... Postcode: Place of Birth:

Home Tel: Office Tel: Mobile No:

Employer: E-Mail:

Occupation: Date:

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 is 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

2. Club Registration & Annual Fee

1. ENROLMENT FEE – ONE TIME ONLY	AMACS	€ 15.00	✓	€ 15.00
2. ASSOCIATION OF MALTESE ARMS COLLECTORS & SHOOTERS	AMACS	€ 20.00	✓	€ 20.00
3. MALTA ARMS & MILITARIA SOCIETY	MAMS	€ 5.00	<input type="checkbox"/>	_____
4. MALTA LICENCE A SHOOTING CLUB	MLASC	€ 10.00	<input type="checkbox"/>	_____
5. MALTA LICENCE B SHOOTING CLUB	MLBSC	€ 10.00	<input type="checkbox"/>	_____
6. VALLETTA PAINTBALL CLUB	VLTPS	€ 5.00	<input type="checkbox"/>	_____
7. Insurance Cover fee: Third Party Liability (required to participate at ranges)		€ 14.00	<input type="checkbox"/>	_____
8. 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 | <input type="checkbox"/> | To Keep | | |
| ii. | Article 3 - Muzzle Loading | <input type="checkbox"/> | To Keep | <input type="checkbox"/> | To Carry |
| iii. | Article 3 - Airguns | <input type="checkbox"/> | To Keep | <input type="checkbox"/> | To Carry |
| iv. | Article 3 - Shotguns | <input type="checkbox"/> | To Keep | <input type="checkbox"/> | To Carry |
| | If Shotgun Licence (iv) was issued 'To Carry' state is for | <input type="checkbox"/> | Clay Pigeon or | <input type="checkbox"/> | Hunting |

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

- | | | | | | |
|------|------------------------|---|--------------------------|---------|--------------------------|
| i. | COLLECTOR LICENCE | A | <input type="checkbox"/> | Special | <input type="checkbox"/> |
| ii. | COLLECTOR LICENCE | B | <input type="checkbox"/> | | |
| iii. | TARGET SHOOTER LICENCE | A | <input type="checkbox"/> | Special | <input type="checkbox"/> |
| iv. | TARGET SHOOTER LICENCE | B | <input type="checkbox"/> | | |

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.

