ASSOCIATION OF MALTESE ARMS COLLECTORS & SHOOTERS

Founded 12th June 1985

Applicant No:

ENROLMENT FORM FOR 2027

Member No:

1. Applicant's Details & Declaration



Name: ..... ID №: .....

Address: ..... Date of Birth: .....

..... Postcode: ..... Place of Birth: .....

Home Tel: ..... Office Tel: ..... Mobile №: .....

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.	**AMACS ENROLMENT FEE**	**One time only**	**€ 15.00**	✓ **€ 15.00**
2.	**AMACS ANNUAL MEMBERSHIP**	**Collector Section**	**€ 15.00**	☐ _____
3.	**AMACS ANNUAL MEMBERSHIP**	**Sports Shooter Section**	**€ 35.00**	☐ _____
4.	**AMACS ANNUAL MEMBERSHIP (YOUTHS)**	**For under 18-year olds**	**€ 5.00**	☐ _____
5.	**INSURANCE COVER THIRD PARTY LIABILITY**	**Mandatory for sport shooters**	**€ 15.00**	☐ _____
6.	**INSURANCE COVER PERSONAL ACCIDENT**	**Optional for sport shooters**	**€ 5.00**	☐ _____
	Payment method:		**TOTAL**	_____

☐ Direct bank transfer ☐ Cheque No. _____ ☐ Cash

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 №.: ..... Signature: .....

Seconded by: ..... Member №.: ..... 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	☐	Special	☐
ii.	COLLECTOR LICENCE	B	☐		
iii.	TARGET SHOOTER LICENCE	A	☐	Special	☐
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 :

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