



# ASSOCIATION OF MALTESE ARMS COLLECTORS & SHOOTERS

Founded 12th June 1985  
VO 0728



Applicant No: \_\_\_\_\_

## ENROLMENT FORM 2017

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 AMACS Committee's decision is final and that I shall not contest it in the event that my application is refused. I agree and accept that if accepted I shall initially be granted probationary membership which may be terminated unless I attend the required minimum of AMACS Club events and/or successfully pass any tests deemed necessary for my membership. As a member of AMACS I shall abide by the terms of Association's statute and policies established by the Committee. I agree and accept that the Committee shall process and file my details in accordance with the Data Protection Act 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	<b>AMACS</b>	€ 15.00	<input checked="" type="checkbox"/>	<b>€ 15.00</b>
2. ASSOCIATION OF MALTESE ARMS COLLECTORS & SHOOTERS	<b>AMACS</b>	€ 15.00	<input checked="" type="checkbox"/>	<b>€ 15.00</b>
3. MALTA ARMS & MILITARIA SOCIETY (Collecting & Re-Enactment)	<b>MAMS</b>	€ 5.00	<input type="checkbox"/>	_____
4. MALTA RIFLE & PISTOL SHOOTING CLUB	<b>MRPSC</b>	€ 10.00	<input type="checkbox"/>	_____
5. MALTA MUZZLE-LOADER SHOOTING CLUB	<b>MMSC</b>	€ 5.00	<input type="checkbox"/>	_____
6. MALTA AIRGUN SHOOTING CLUB	<b>MASC</b>	€ 5.00	<input type="checkbox"/>	_____
7. MALTA TACTICAL AIRSOFT CLUB	<b>MTAC</b>	€ 5.00	<input type="checkbox"/>	_____
8. MALTA CROSSBOW SHOOTING CLUB	<b>MCSC</b>	€ 5.00	<input type="checkbox"/>	_____
9. MALTA CLAY PIGEON SHOOTING CLUB	<b>MCPSC</b>	€ 5.00	<input type="checkbox"/>	_____
10. <b>OR SELECT ALL OF THE ABOVE CLUBS AND SAVE € 10</b>		<b>€ 60.00</b>	<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.

Doctor's Name: .....

Date: .....

**Doctor's Stamp and Signature**

### 4. Proposer & Secunder 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: .....

Secounded by: ..... Member No.: ..... Signature: .....



Applicant No:

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Member No:

**5. 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 :

**6. Committee Approval / Rejection**

Approved  Rejected  Official: ..... Date: ..... Signature: .....