

**2026 ANNUAL REGISTRATION &
CLUB MEMBERSHIP APPLICATION**


Membership Number (compulsory)		Shooters Licence Number	
Surname (compulsory)		Given Name (compulsory)	
Address (compulsory)			
Email (compulsory)		Post Code	
Mobile Ph Number (compulsory)		Date of Birth (compulsory)	

I hereby apply for membership of the Korumburra Gun Club

Please tick one: As a continuing, or new member, together with my application for A.C.T.A. registration for the year ending 31st December 2026. I have previously been a registered member with the A.C.T.A.

Type of Membership: (Membership includes Insurance)

<input type="checkbox"/> Club Membership	\$40 included in totals below	\$ xxxxxxxxxxxx
<input type="checkbox"/> State/Zone affiliations if applicable	\$25 included in totals below	\$ xxxxxxxxxxxx
<input type="checkbox"/> A.C.T.A. Full Membership	\$219.00	\$
<input type="checkbox"/> Partner (spouse) of a Full Member of common address	\$178.00	\$
<input type="checkbox"/> Veteran (Eligible to apply for Pension/65 years at 31/12/23)	\$178.00	\$
<input type="checkbox"/> Concession/Loyalty (30 years adult membership)	\$165.00	\$
<input type="checkbox"/> Junior Membership (Under the age of 18 at 31/12/23)	\$45.00	\$
<input type="checkbox"/> Recreational Member (Shoot TARGETS ONLY & PRACTICE at any A.C.T.A. Club)	\$152.00	\$
<input type="checkbox"/> Levy (applies to ALL new memberships except Juniors and Complimentary Free Limited Members)	\$10.00	\$
Failure to provide all information will see your application declined and returned	Total	\$

The A.C.T.A. protects the privacy and security of information provided by you. By completing this form, you agree to the use of your personal information by A.C.T.A.: to process your registration details; to disclose to Clubs affiliated with A.C.T.A. for regulated events; and for internal purposes and other opportunities presented from time to time.

I undertake to abide by the Rules and By-laws of the above-mentioned Club, my State Association and the Australian Clay Target Association and I advise that I conform with my State of residence Firearm Regulations and shall notify my Club immediately upon non-renewal, cancellation or suspension of my shooter's licence.

Signature

Date

THIS FORM IS TO BE PROCESSED BY YOUR CLUB – THE FORM WHEN COMPLETED IS TO BE RETAINED BY THE CLUB