



# ASSOCIATION OF MALTESE ARMS COLLECTORS & SHOOTERS

Founded 12th June 1985



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

## ENROLMENT FORM FOR 2025

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 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

### 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>	€ 20.00	<input checked="" type="checkbox"/>	<b>€ 20.00</b>
3. MALTA ARMS & MILITARIA SOCIETY	<b>MAMS</b>	€ 5.00	<input type="checkbox"/>	_____
4. MALTA LICENCE A SHOOTING CLUB	<b>MLASC</b>	€ 10.00	<input type="checkbox"/>	_____
5. MALTA LICENCE B SHOOTING CLUB	<b>MLBSC</b>	€ 10.00	<input type="checkbox"/>	_____
6. MALTA HBI EXTREME SPORTS CLUB	<b>MHBIC</b>	€ 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: .....