



Association of Arms Collectors and Target Shooters

PO Box 36 St Julians, STJ 1001 – Malta – Europe
Venue: Cottonera Sports Complex, Vittoriosa
www.aactsmalta.org

Office Use

memmp2/2008

PERSONAL AND CONTACT DETAILS

BLOCK LETTERS

Title Name Surname

Address

Locality Post Code

Country

ID Card/Passport Profession

Home Phone Mobile Phone

Work Phone Fax

Email

AREAS OF INTEREST

Arms Collecting Muzzle Loading Clay Pigeon Shooting Militaria
 Field Air Gun ISSF Disciplines Olympic Disciplines IDPA Disciplines
 Soft Air/Paint Ball Other

MEDICAL DOCTOR'S/GENERAL PRACTITIONER'S DECLARATION

I (name and surname) Dr _____ of
 (address/clinic) _____

declare that I have known Mr/Ms _____
 for at least two years from this declaration and that in my
 professional opinion there is nothing that could impede the
 applicant from collecting arms/weapons and/or from taking part
 in target shooting activities.

Rubber Stamp

 Signature Date

DECLARATION AND SIGNATURE

I would like to apply to become a member of AACTS and hereby declare that:

- I have read and understood the statute of AACTS.
- I am prepared to abide by the rules of AACTS at all times.
- I give my consent to having the above data recorded and processed for the purposes of the application, until such time that I withdraw my consent in writing.

I include with this application - 2 passport size photos - a copy of a recent Police Criminal Record, - a one time enrolment fee of € 12.00 and three years membership fee in advance (each year ending 31st December) of € 50.00, together totalling € 62.00. Cheques payable to: THE TREASURER AACTS

Proposer Name Signature _____
 Seconder Name Signature _____

Signature of Applicant _____ Date

Applications are to be addressed to: The Secretary, AACTS, PO Box 36, St Julians STJ 1001.