



Associate Member Application Form

Office use

Date Entered / /

SARA Membership No.

Club: (optional)	<input type="text"/>		
Surname:	<input type="text"/>	Given Names:	<input type="text"/>
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Male	<input type="checkbox"/> Female <input type="checkbox"/>
Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Phone: (Home)	<input type="text"/>	Phone: (Mobile)	<input type="text"/>
Occupation	<input type="text"/>		
Email:	<input type="text"/>		

I, hereby apply to become a member of the South Australian Rifle Association Inc. and in by doing so agree to be bound by it's Directives, Rules, By-Laws and Policies. I declare that I am not subject to any court order prohibiting my possession or use of a firearm, and that I have not had a personal firearms licence cancelled or revoked in any State or Territory of the Commonwealth.

Signature**Date** / / **Endorsement of application by parent or guardian if under 18years of age**

I, am the legal guardian of and endorse the above application for the membership. I also certify that the details above are correct and complete to the best of my knowledge.

Signature**Date** / /