



Membership Application Form

Application for: New Member

Provisional Member (3 months)

Existing members details ammendment

Past member, renewing membership

Office use

Date Entered / /

SID Number

SARA Membership No.

Recommended Grading/Discipline: A B C F-O F-A F-B F-TR

Club:

Surname:

Given

Names:

Date of Birth:

Male

Female

Address:

Postcode:

Phone: (Home)

Phone: (Mobile)

Occupation

Email:

Subscribe to Mailing List (Y/N)

Firearms Licence No.

Expiry Date

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

Club Certificate

I certify that the person described above was elected a member of the Club on

I certify that the Rifle Club has gained the required police approvals for the person above to join the club.

Signed

Captain/Secretary

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