

**RifleSA**

South Australian Rifle Association Inc.

1861



# Membership Application Form

**Application for:** New Member

Provisional Member (3 months)

Existing members details amendment

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 S

**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**