



MEMBERSHIP APPLICATION FORM

APPLICATION FOR:

- New Member (Full)
- New Member (Pensioner)
- New Member (U25)
- New Member (U18)
- Provisional Member (3 months)
- Current Member Details Update
- Past Member Reactivation
- Associate Member

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

SID Number: SARA Membership Number:

MEMBER INFORMATION:

CLUB:

SURNAME: GIVEN NAMES:

DATE OF BIRTH: GENDER: Male Female Prefer not to say

ADDRESS:

SUBURB: POSTCODE:

PHONE: PHONE (MOBILE):

EMAIL: MAILING LIST (Y/N):

FIREARMS LICENCE NUMBER: EXPIRY DATE:

Member Signature:

Date:

I, the undersigned, 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.

Endorsement of application by Parent or Guardian if under 18 years of age:

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

Parent / Guardian Signature:

Date:

CLUB CERTIFICATE:

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

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

Signature:

Name:

Captain / Secretary