THE NEW SOUTH WALES RIFLE ASSOCIATION Inc



ESTABLISHED 1860

Post Office Box 386 MAROUBRA NSW 2035

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NEW MEMBERSHIP APPLICATION FORM ONLY

CLUB NAME	
Surname	
First Name	
Middle Name	
Residential Address	
No./Street	
Town	
State	Postcode
	fferent to residential address)
No/Street	
Town	
State	Postcode
Phone number(s)	(Home) (Work)
	(Mobile)
Email address	
Date of Birth	o Male o Female
Date of Joining	
Membership Type	(Tick one box)
Full	o Includes Free Class o ATR Magazine (Optional)
Field/Rimfire	0
Service	0
Pensioner	o Pensioner Card
Under 21	0
Temporary Member	o New members with temporary Firearms Registry
	approval under cl.110 Firearms Regulation 2006 up to 3
	months
	tifle o Service Rifle o Field Class o Rimfire o Free Class o
Firearms Licence/Pe	rmit No Reason
	Occupation
	eDate
Captain's Certificate	
	amed member has produced evidence of their identity and in my
• •	roper person to be entrusted with the responsibility of handling
firearms.	_
Captain's Signature:	Date
(NSWRA USE O	NLY) MEMBERSHIP NUMBER: (Date Entered)

The New South Wales Rifle Association Inc.

