

THE NEW SOUTH WALES RIFLE ASSOCIATION Inc

ESTABLISHED 1860



Post Office Box 386
MAROUBRA NSW 2035
Tel: (02) 9661 4532
Fax: (02) 9661 6042
Store: (02) 93117485
info@nswra.org.au

TRANSFER CERTIFICATE

I,.....Membership Number.....
presently a member of the.....Rifle Club,
hereby apply to be transferred to the.....Rifle Club.

Postal Address
.....
.....
.....P/C.....

Date of Birth

Date of ApplicationSignature.....

Certificate of Captain of Present Club

I certify that the member mentioned above is at liberty to transfer, as requested, in so far as the.....Rifle Club is concerned.

Captains Name
DateSignature.....

Certificate of Captain of Future Rifle Club

I certify that the abovementioned applicant,.....
was accepted as a member of the.....
Rifle Club on.....(date).

Captains Name
DateSignature.....

Official Use Only
Transfer approved

Name
DateSignature.....