

# THE NEW SOUTH WALES RIFLE ASSOCIATION

**Inc**

ESTABLISHED 1860



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

## NEW MEMBERSHIP APPLICATION FORM ONLY

**CLUB NAME** \_\_\_\_\_

**Surname** \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

**Residential Address**

No./Street \_\_\_\_\_

Town \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

**Postal Address (if different 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  Includes Free Class  ATR Magazine (Optional)

Field/Rimfire

Service

Pensioner  Pensioner Card \_\_\_\_\_

Under 21

Temporary Member  New members with temporary Firearms Registry approval under cl.110 Firearms Regulation 2006 up to 3 months

**Disciplines** : Target Rifle  Service Rifle  Field Class  Rimfire  Free Class

Firearms Licence/Permit No \_\_\_\_\_ Category \_\_\_\_\_ Reason \_\_\_\_\_

Expiry date \_\_\_\_\_ Occupation \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Captain's Certificate**

I certify the above named member has produced evidence of their identity and in my opinion is a fit and proper person to be entrusted with the responsibility of handling firearms.

Captain's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**(NSWRA USE ONLY)** MEMBERSHIP NUMBER: \_\_\_\_\_ (Date Entered) \_\_\_\_\_



**The New South Wales Rifle Association Inc.**



◆ Member - NSW Sports NSW ◆ Member - National Rifle Association of Australia Ltd.