



# Central Coast Small Bore & Air Rifle Club Inc.

PO BOX 6303, KINCUMBER NSW 2251 | A.B.N. 91 637 652 829 | APPROVAL NUMBER: 405660605

## MEMBERSHIP APPLICATION FORM

MEMBERSHIP NUMBER

### PERSONAL DETAILS

Name:

Address:

Suburb:

State:

Postcode:

Email:

Phone Number:

Date of Birth:

### FIREARMS REGISTRY DETAILS

Firearms Licence Number:

Expiry Date:

Genuine Reason:

Licence requirement of **TARGET SHOOTING** must be listed

### DECLARATION

I hereby declare that I have read, understand and will abide by BY-LAWS and Range Standing Orders of The Central Coast Small Bore and Air Rifle Club Inc.

I understand that if I breach any BY-LAWS of The Central Coast Small Bore and Air Rifle Club Inc. I render my membership null and void.

Applicant's Signature:

Date:

Must be signed by a parent if applicant is under 18 years of age

President's Signature:

Date:

Club Captain's Signature:

Date:

### OFFICE USE ONLY:

Membership Number:

Receipt Number:



New South Wales Smallbore & Air Rifle Association

"In Pursuit of Excellence..."

## Membership Registration

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: **Private** **Business** **Mobile**

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender  M  F

If accepted for membership, I will abide by the rules and regulations of the NSW Smallbore and Air Rifle Association Inc.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I endorse the Application for membership of the above Applicant

Signature of Club Captain: \_\_\_\_\_ Club Name: \_\_\_\_\_