



Associate Member Application Form

Office use

Date Entered / /

SARA Membership No.

Club:
(optional)

Surname: Given Names:

Date of Birth: / / Male Female

Address:

Postcode:

Phone: (Home) Phone: (Mobile)

Occupation

Email:

I, 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.

Signature Date / /

Endorsement of application by parent or guardian if under 18years of age

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

Signature Date / /