SOUTH AUSTRALIAN RIFLE ASSOCIATION INC.

TRANSFER CERTIFICATE

I,	Reg No
at present a member of	theRifle Club, hereby apply to
be transferred to the	
FULL POSTAL ADDR	ESS:
	Post Code
Telephone No	D.O.B
	Signed
	FICATE OF CAPTAIN OF PRESENT CLUB
I certify that the member this Club is concerned.	er mentioned above is at liberty to transfer as requested insofar as
Signed	
Dated	
	ICATE OF CAPTAIN OF NEW RIFLE CLUB
I certify that the aboven	nentioned applicant was accepted as a member of the
GradeAver	age Signature of Captain
**Interstate Transferees their current Grading Ca	s should also complete an Enrolment form and provide a copy of ard.
Transfer approved	RC25 sent