

2017 SAFGA Membership Application Form



(please tick)

- Central Branch; PO Box 45 St Agnes SA 5097
- Lake Bonney Sporting Clays; PO Box 481, Millicent SA
- Loxton Branch; PO Box 660, Loxton SA 5333
- Mt Gambier SE Branch; PO Box 1438, Mt Gambier 5290
- Rocky Gully Sporting Clays; PO Box 1209, Nth Haven

Name:DOB:
 Home Address: Post Code:
 Postal Address: Post Code:
 Phone: Hm:Wk:Mob:.....
 Email:

Firearms License:	License Expiry:
Classes: (circle) A 1, 2, 3, 4, 5, 6, 7, 8, 9	Please tick which membership you wish to apply for:
B 1, 2, 3, 4, 5, 6, 7, 8, 9	Open Male / Female \$130.00 <input type="checkbox"/>
C 1, 2, 3, 4, 5, 6, 7, 8, 9	Pensioner Male / Female \$110.00 <input type="checkbox"/>
	Senior Partner / Spouse \$90.00 <input type="checkbox"/>
	Junior U/18 \$69.00 <input type="checkbox"/>

I hereby declare, that I am not subject to any court order prohibiting possession or use of a firearm, and have not had a personal firearms license cancelled or revoked in any State, Territory of the Commonwealth of Australia

SIGN:

Membership Application Continued...

REFEREE 1

Character Referee – Full Name:

Character Referee Address:

.....
.....

have known

(Full Name of Applicant)

for at least two years prior to this day and consider this person of good character and a suitable person to be a member of a Firearms Club/Branch.

Signed:..... Date:

Telephone:.....Mobile:.....

REFEREE CONTACTED AND CONFIRMED Date:

Name (Print): Signed:.....

Position in Branch:.....

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