

2024 SAFGA Membership Application Form

(please tick)



Central Field & Game; PO Box 45, St Agnes SA 5097

Lake Bonney Sporting Clays; PO Box 481, Millicent SA 5280

Rocky Gully Sporting Clays; PO Box 362, Burnside SA 5066

South East Field & Game; PO Box 1438, Mt Gambier SA 5290

Name:DOB:

Home Address:Post Code:

Postal Address:Post Code:

Phone: Hm:Wk:Mob:

Email:

Firearms Licence:

Licence Expiry:

Classes: (circle) A 1, 2, 3, 4, 5, 6, 7, 8, 9
B 1, 2, 3, 4, 5, 6, 7, 8, 9
C 1, 2, 3, 4, 5, 6, 7, 8, 9

Please tick which membership you wish to apply for:

Open Male / Female \$140.00
Pensioner Male / Female \$120.00
Senior Partner / Spouse \$100.00
Junior U/18 \$82.00

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 licence cancelled or revoked in any State or Territory of the Commonwealth of Australia

SIGN:

Membership Application Continued...

REFEREE 1

Character Referee – Full Name:

Character Referee Address:
.....
.....

I have known
(Full Name of Applicant)
for at least two years prior to this day and consider this person to be of good character and a suitable person to be a member of a Firearms Club.

Signed:..... Date:
Telephone:.....Mobile:.....

REFEREE CONTACTED AND CONFIRMED Date:
Name (Print): Signed:.....
Position in Club:.....

REFEREE 2

Character Referee – Full Name:

Character Referee Address:
.....
.....

I have known
(Full Name of Applicant)
for at least two years prior to this day and consider this person to be of good character and a suitable person to be a member of a Firearms Club.

Signed:..... Date:
Telephone:.....Mobile:.....

REFEREE CONTACTED AND CONFIRMED Date:
Name (Print): Signed:.....
Position in Club:.....