

VICTORIAN RIFLE ASSOCIATION INC

ESTABLISHED 1860

Membership Application Form – 2016 / 2017

Club: Rifle Club

Surname: First: Middle:

Address: Post Code:

Postal Address: (If different) Post Code:

D.O.B: Male Female

Phone: (H) Phone: (M)

Email (Print Clearly):

Occupation (current or previous):

Victorian Firearm Licence Number: Expiry Date:

I hereby apply to become a member of the Victorian Rifle Association Inc. In signing this membership application I agree to be bound by the SSR's, Directives, Rules, By-Laws and Standing Orders of the Victorian Rifle Association.

Signature of Applicant: Date of Application:

I, a member of the VICTORIAN RIFLE ASSOCIATION INC. and a member of the committee of the Lang Lang Rifle Club, nominate the applicant for membership of the VRA and certify that they are a member of this Club and personally known to me.

Signature of Proposer: Date:

I, a member of the VICTORIAN RIFLE ASSOCIATION INC, second the nomination of the applicant, who is personally known to me.

Signature of Seconder: Date:

Membership Code:

Amount Paid: \$

	1-Oct	1-Jan	1-Apr
101-\$230	\$137	\$127	\$117
102-\$190	\$117	\$107	\$97
103-\$142	\$88	\$83	\$78
104-\$102	\$68	\$63	\$58
Pro Rata			

Office Use Only Club:

Date of Entered: / / S.I.D. Code:

Download form, fill in details, save as **VRA Memb App Club name**, email to VRA

Lang Lang Rifle Club Inc

New Membership Permit to Shoot

	YES	NO
1 Do you currently have a permit to own a firearm?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a police record?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently prohibited from holding a firearm license in Victoria or any other state (intervention order or court order)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been refused or suspended from holding a firearm license?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there anything else about your character or your health that would restrict you from holding a firearm license?	<input type="checkbox"/>	<input type="checkbox"/>
5. If anything was to occur in the future to restrict you from holding a firearm license, are you prepared to inform the Captain or the committee of the club immediately?	<input type="checkbox"/>	<input type="checkbox"/>
6. Your Gun License number.....		

Any information on this document will be kept strictly confidential.

Please print your name:.....

Your address:.....

Signed Date

Laurie Thompson
Captain
Lang Lang Rifle Club Inc

Approved. Date