

VICTORIAN RIFLE ASSOCIATION INC

ESTABLISHED 1860

Membership Application Form – 2018 / 2019

Club: **Lang Lang** 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
	Pro Rata		

Office Use Only

Club: _____ S.I.D. _____ Code: _____

Date of Entered: _____ / _____ / _____

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