



PERSONAL INFORMATION

Full Name:

Rifle Club:  Date of Birth:  /  /

Email:

Phone:  Occupation: (optional)

Gender:

CURRENT ADDRESS

Street:

Suburb:

Postcode:  State:

POSTAL ADDRESS If different from current address

PO BOX:

Suburb:

Postcode:  State:

Category	Price	Tick where applicable
Full Member	\$295	<input type="checkbox"/>
Full Member U21	\$185	<input type="checkbox"/>
Family Member -same address as full member	\$257	<input type="checkbox"/>
Super Vet Member - over 70 years	\$257	<input type="checkbox"/>
<b>New Members</b>		
New Full Member - Joins between 1/05/26 – 30/06/2027	<b>\$170</b>	<input type="checkbox"/>
New Full Jnr U21 - Joins between 01/05/26 - 30/06/2027	<b>\$120</b>	<input type="checkbox"/>

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 NRAA Code of Conduct, SSR's & VRA Rules, By-Laws, Standing Orders & WHS Policy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

THANK YOU FOR YOUR APPLICATION

SID: