



MEMBERSHIP APPLICATION

In Person, By mail to Po Box 772 Cooma NSW 2630 or
email form to marccooma@hotmail.com
Shooting Club Approval: 413431010

NEW ()

RENEWAL ()

Member Number _____

NAME: _____

DATE OF BIRTH: _____ GENDER: _____

ADDRESS: _____

POSTAL ADDRESS IF DIFFERENT; _____

PHONE; _____

EMAIL: _____

F/A LICENSE _____

☐

P650

OTHER FORM OF ID IF NO F/A LICENSE _____

Do you wish for this club to be listed as your primary club for your Genuine Reason.

YES ☐ NO ☐

Membership required

☐

Adult

\$ 150.00 pa

☐

Family \$ per application

☐

Concession

\$ 130.00 pa

☐

Junior \$ 130.00 pa

Concession card type & number _____

Signature: _____

If posting or emailing your application () Cheque * payable to Monaro Air Rifle Club

() Card MC () VC () Card Number _____

EXP __/__/__ CV _____ Card Holder signature _____

() Bank T/F to BSB 032-720 A/C 153896 Monaro Air Rifle Club