

BOWRAL PISTOL CLUB INC

PO BOX 132 BOWRAL NSW 2576

APPLICATION FOR MEMBERSHIP

SURNAME _____ FIRST NAMES _____

RESIDENTIAL ADDRESS _____

POST CODE _____

POSTAL ADDRESS _____ POST CODE _____

HOME PHONE No. _____ MOBILE PHONE No. _____

EMAIL ADDRESS _____ DATE OF BIRTH _____

MARITAL STATUS _____ OCCUPATION _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

CONTACT PHONE No. _____ PERIOD WITH EMPLOYER _____

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF A CRIMINAL OFFENCE? YES/NO

IF YES, PLEASE PROVIDE BRIEF DETAILS: _____

NAMES OF OTHER CLUBS OR ORGANISATIONS WHICH YOU ARE A MEMBER:

1 _____ 3 _____

2 _____ 4 _____

Please give the names, address and contact phone numbers of two (2) adults (NOT RELATIVES) who would be prepared to give personal written references if required:

1 NAME _____ 2 NAME _____

ADDRESS _____ ADDRESS _____

PHONE No. _____ PHONE No. _____

DO YOU HAVE A CATEGORY H (PISTOL) LICENCE? YES/NO IF YES, LICENCE No. _____

ARE YOU A MEMBER OF THE N.S.W.A.P.A? YES/NO IF YES, CLUB _____

DECLARATION:

"I believe that there is no legal impediment to my membership of the BOWRAL PISTOL CLUB Inc and, if elected to membership, I agree to abide by the Constitution, By Laws and Range Rules of the BOWRAL PISTOL CLUB Inc."

SIGNED _____ DATED _____

CAPITATIONS _____ APPLICATION DATE _____

APPLICATION FEE _____

1ST YEARLY FEE _____

TOTAL FEES _____

CONTACT PHONE NUMBER FOR ALL MEMBERSHIP FEES: _____