

WEST AUSTRALIAN RIFLE ASSOCIATION INCORPORATED

MEMBERSHIP REGISTRATION FORM

Membership Number <small>(generated by WARA) :</small>		Club:	Membership Type:
Name:		D.O.B.:	Sex: M F <small>(Circle appropriate)</small>
Postal Address:			Postcode:
Hm Ph:	Wk Ph:	Mobile:	
Email Address:			Firearms Licence No.:
Have you been a member of WARA before: Yes No <small>(Circle appropriate)</small>			If yes Club: When:
Category of Shooter: TR F Serv. Field <small>(Circle appropriate)</small>		Are you a member of any other rifle club or Association?, If so please state	
Signature:		Date:	
CAPTAIN'S CERTIFICATE			
<p>I _____ of the _____ rifle club</p> <p>Confirm that the applicant has attended the club and range over a period of time to the satisfaction of the club and hereby advise he/she has been elected as a member of the club on:</p> <p>Captain Signature: _____ Date: _____</p>			
Office use only: Paid / Card Issued / Computer / SSR / Sticker / Letter			