



SOUTHERN VALES PRACTICAL SHOOTING LEAGUE INC.

Membership Application /Transfer Form

Name: ..... Home Phone #: .....
Address: ..... How long there? .....
Post Code: .....
Email Address: ..... Mobile Phone: .....
Occupation: ..... Date of Birth: .....
Employer Name: ..... Phone # (Work): .....
Employer's Address: ..... How Long There?: .....
Post Code: .....

Please state previous address and employer info if either of the above is less than three years. (If not an Australian citizen, state country of birth, date of arrival in Australia and immigration number).

Next of Kin: ..... Relationship: .....
Address: ..... Phone: .....
Name of nearest relative not living with me: ..... Relationship: .....
Address: ..... Phone: .....

Personal References (Must be a financial member of SVPSL Inc.)

Name: ..... Position: .....
Address: ..... Phone: .....
Name: ..... Position: .....
Address: ..... Phone: .....

- 1. Have you ever been prosecuted for any criminal offence or have any pending prosecutions? YES / NO
2. Do you have or are you aware of any personal disability that may prevent you from safely participating in shooting sports? YES / NO. If YES, please give details.
3. Have you ever been a member of any shooting establishment or had previous experience with firearms? YES / NO If YES, details
4. I wish to become a member of SVPSL for the following reasons

I warrant that the particulars set out herein are true. I agree to be bound by the rule of SVPSL Inc. and pay my subscriptions when due. I understand that any misrepresentation or omission on this application, or any conduct that may prejudice the reputation of SVPSL Inc., or the safety of its members, will be sufficient cause for my dismissal from SVPSL Inc. should I have been accepted as a member.

Signature:..... Date: .....

Firearms License No: ..... Endorsements: .....

Identification:

Drivers License No: ..... Expiry date: ..... Date of Birth: .....

Name: ..... Address: .....

Checked by: Name ..... Signed: .....