



SSAA NICKOL BAY - MEMBERSHIP APPLICATION FORM

P O Box 1357 - KARRATHA WA 6714

APPLICANT DETAILS

Surname _____ Given Names/ _____
Preferred Name _____
Residential Address _____
Postal Address _____
Telephone _____ Mobile _____
Email Address _____
Occupation _____ Date of Birth _____

Membership type (Please tick) Adult ☐ Junior ☐ Partner ☐
Are you a financial member of SSAA? Yes ☐ No ☐
If Yes, SSAA Membership No _____ Expiry Date _____
Do you hold a current firearms license? Yes ☐ No ☐ License Number _____
Are you a financial member of any other shooting club? Yes ☐ No ☐
If Yes, which Club? _____

SHOOT RECORD

	Date	Range Officer		Date	Range Officer
Shoot No 1	/ /	<input type="text"/>	Shoot No 2	/ /	<input type="text"/>
	Date	Range Officer		Date	Range Officer
Shoot No 3	/ /	<input type="text"/>	Shoot No 4	/ /	<input type="text"/>
	Date	Range Officer		Date	Range Officer
Shoot No 5	/ /	<input type="text"/>	Shoot No 6	/ /	<input type="text"/>

Please present this form at each shoot, record the attendance date and ask the Range Officer to initial.
All applicants must have completed 6 shoots to be eligible for membership.

NOMINATION

Nominated By (Committee Member) Name (please print) _____ Signature _____

Seconded By (Other Member) Name (please print) _____ Signature _____

I hereby apply for membership to the SSAA Nickol Bay Branch and I agree to abide by the Club Constitution.
I am aware that any breach of the rules of the Club or Sporting Shooters Association may result in cancellation of membership and its privileges.

I declare that the above be true and correct.

Signed _____ Date / /

MEMBERSHIP FEE PAID

Adult - \$200.00 Junior - \$20.00 Partner - \$120.00

Amount \$ _____ Cash ☐ EFT ☐ BSB - 036187 ACCT - 266750
Acct Name SSAA Nickol Bay Branch

Received By Name (please print) _____ Date / /

Month	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Cost \$	200	184	167	150	134	117	100	84	67	50	34	17