

QUEENSLAND TARGET SPORTS Inc.

2021 NEW MEMBERS AFFILIATION ENROLMENT FORM.

PLEASE PRINT CLEARLY IN CAPITALS (UPPER CASE) LETTERS.

CLUB: _____

TITLE: Mr, Mrs, Miss, Ms or other (Please State) _____

GIVEN NAME: _____

HOME PHONE: (____) _____

MIDDLE NAME: _____

MOBILE: _____

SURNAME: _____

FAX: _____

ADDRESS: _____

EMAIL: _____

DATE OF BIRTH: _____

GENDER: _____

CITY: _____

OCCUPATION: _____

POST CODE: _____

POSTAL ADDRESS: (If different from above.)

Are you using QTS inc as a reason for owning a firearm?

Yes/No

Is there any reason why you cannot be issued with a Shooters Licence?

Yes/No

Shooters Licence No: _____

Expires: _____

Note: Current Shooters Licence must be sighted by Club Official

TYPE OF MEMBERSHIP:

Adult

Junior (U21)

Sub Junior (U16)

Concession

Family

Non Shooting

Existing Member Affiliation No (If known) _____

MEMBERS SIGNATURE: _____ **DATE JOINED:** _____

Official Club Use Only:

Amount Enclosed: \$ _____

Signed: _____

Position: _____