



NEW MEMBERSHIP FORM

Please print clearly in BLOCK LETTERS

Previous/Existing QTS Affiliation Number (if known) _____

Title (Mr., Mrs, Ms, Other) _____ First Name _____ Surname _____

Address _____ Postcode _____

Contact phone number _____ Date of birth _____

Email address _____

Are you using club membership as your genuine reason for owning a firearm? Yes No

Shooters Licence Number _____ Expiry Date _____ State _____

I understand that if I am accepted as a member of the Club, I will abide by the Constitution, By-Laws and directives given by the Committee. I also recognise that as a member, I have an obligation to support the clubs operations in furtherance of its stated Objectives. I understand that failure to comply with these conditions, may jeopardise my continued membership.

Signed _____ Date _____

ELECTRONIC PAYMENT DETAILS

BSB 034-076 Account number 609993 Account Name Hornets Rimfire and Air Rifle Benchrest Club Inc.

Please use your surname as the payment reference.

I, _____ being a current financial member of the Club, hereby nominate this applicant for membership of the club.

Signed _____ Date _____ Membership Checked

I, _____ being a current financial member of the Club, hereby second this applicant for membership of the club.

Signed _____ Date _____ Membership Checked

Committee use only

Nomination received _____ Presented to the Committee _____

Accepted Declined (If declined see reverse for reasons)

Applicant advised _____ Entered into register _____

Notes