



**Wellington Service Rifle Association Inc.**  
**6A Pilcher Cr. Lower Hutt.**  
 Email; sec.wsra.nz@gmail.com  
 Ph 04 5772556

*Membership Application Form*

Surname:	First Name(s):	Date of Birth:
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Only your name is required if renewing your membership, along with any changed contact details

Residential Address:	Telephone Home/Work
	Email
Postal Address (if different)	Firearms Licence Number:
	Licence Type <b>A B C D E</b> (circle one or more)

Occupation and Employer's name: \_\_\_\_\_

Who should be contacted in an emergency. NAME: \_\_\_\_\_

Address / Phone \_\_\_\_\_

Shooting Experience: \_\_\_\_\_

Membership of Firearms or Associated Clubs: \_\_\_\_\_

***Medical***

Please list any medical condition you suffer from which the Range Officer should be made ware of.(ie Deafness, Epilepsy, Asthma attacks etc.)

**Character Referees**

Please provide two Character Referees with one being a current firearms licence holder,

	Name	Relationship	Address	Phone
1				
2				

**Note: if you are under 18 years one referee must be a parent or guardian**

**Do you believe there is anything that the committee should know, that could adversely affect your membership application:**

Please note: All of the above information is confidential and will only be used by the club committee for club purposes.

I confirm that all the above information is true and correct.

Signature \_\_\_\_\_

Date. \_\_\_\_\_