



Wellington Service Rifle Association

P.O.Box 39267
Wellington Mail Centre
Patron: Din Collings
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 A B C D E (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.

Dedicated to the Safe Competitive use of Military Firearms