

Shooters Union New South Wales Inc

New Membership Form 2019/20

PO Box 246 Glenorie NSW 2157 Ph: 02 9652 0415

President: P Whelan (0416 275 850)

Secretary: D Gregg (0499 148 814)

Captain: B Lane

Email: nsw@shootersunion.com.au Twitter@shooterunionnsw Facebook: Shooters Union New South Wales

NSW Police – Club Approvals:-

Sport/Target Shooting (A B) 409729393

Sport/Target Shooting (H) 409729420

Hunting (A B) 409729411

Collecting (G) 409729438

Please alter any details that have changed and forward with your payment, to:

PO Box 393 Terrey Hills, NSW 2084

Member No:

Surname:

Date of Birth:

Preferred Title:

Mr Mrs Ms Miss Dr Rev

Given Names:

Preferred Name:

Postal Address:

Suburb/Town:

Postcode:

Location Address:

Suburb/Town:

Location Postcode:

Email Address:

Work Phone:

Home Phone:

Mobile Phone:

(We MUST have contact number in order to process renewal)

Firearms Licence No:

Please indicate whether you have nominated Shooters Union New South Wales Inc as your Principle club for recording "genuine reason" compliance to Firearms Registry: YES NO (please circle)

Attendance (for Annual Renewal):

I hereby certify that I have completed the mandatory attendances for 2018/19 required for my licence under the NSW Firearms Regulations 2006 - (Attendances: Shooting – 4 times/year, Hunting – 2 times/year, Pistol – 6 times/year)

Signed: **Dated:**

PAYMENT: (Tick membership type and include payment amount)

Target/Sport Shooting	Cat A	Cat B	\$60 per annum	\$ _____
Hunting/Vermin Control	Cat A	Cat B	:included with A&B Target Shooting Fees	
Target/Sport Shooting	Cat H		\$60 per annum	\$ _____
Collecting	Cat G		\$40 per annum	\$ _____
				_____ Total
				Amount: \$ _____

Make direct deposits to: SUNSW Inc. BSB: 082 057 A/C: 856809149

Please make cheques or money orders payable to: **Shooters Union New South Wales Inc.**

Cheque Money Order **OR** Mastercard Visa

Expiry Date ___/___

Your credit card statement will show payment to "Firearm Safety & Training Council".

CVN _____

Card Verification No (located on the back panel)

Card Holders Name: _____ Total Amount: \$ _____

(as it appears on the card)

Member's Signature: _____

Dated: _____

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Membership expires 30 June 2019

(Payment due no later than 20 June 2019)

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Mr Mrs Ms Miss Dr Rev

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Collecting Cat G \$40 per annum \$ _____

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