



SSAA Caboolture Inc Facility Membership Renewal Application

Personal Details Please Print: Any application that is not legible will be rejected			
Full Name:			
Date of Birth:			
Residential Address:			
Postal Address:			
Email:			
Phone/Fax	Home: _____ Mobile: _____ Work: _____ Fax: _____		
Skills that may benefit the Club:			
Junior Member (11 upto 17)	\$50	Pensioner:	\$200
Adult (18+):	\$250		
Additional Adult Family Member:	\$200		
Licence Details			
SSAA Membership No: _____	Branch: _____	Expiry: _____	
Cat H Licence No: _____		Expiry: _____	
Cat A/B Licence No: _____		Expiry: _____	
Other Weapons Licence No: _____		Expiry: _____	
Applicant's Certification			
<p>I confirm that by signing this membership renewal application I agree to comply with the range rules. I agree that adhering to the range rules forms part of the conditions of my facility membership. I agree that the executive committee is not obliged to accept this renewal application and may reject this application for renewal at their discretion.</p>			
Applicants Signature: _____		Date: _____	
Office use only			
Amount Received:	Date Received:		
Mode of payment:			
Receipt Number:			
Proof of SSAA membership:	Date Received:		
Copy of Attendance Card:	Date Received:		
Firearms Licence sighted:	Date Received:		
Application received by: _____	Date: _____		
Signed: _____			