

SSAA (NSW) Snowy River Branch Pistol Club Inc.

PO Box 1033
COOMA NSW 2630
Approval No. 403 901 444

NEW MEMBERSHIP FORM 2026

1 January to 31 December

Name & DOB	_____	_____	____/____/____
	Given Name/s	Surname	Date of Birth
Licence Numbers	Firearms Licence State	Drivers Licence State	SSAA Member No
	Large Calibre Permit (if applicable)	Probationary Licence (if applicable)	<input type="checkbox"/> A/B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> G <input type="checkbox"/> H Firearm Licence Categories
Residential Address			
Postal Address			
Email Address			
Phone Details	Home Phone	Mobile Phone	
Other Pistol Club Memberships			
Principal Pistol Club	<input type="checkbox"/> SSAA (NSW) Snowy River Branch Inc Pistol Club <input type="checkbox"/> Other, please specify _____		
Types of Pistols Owned	Tick all that apply	<input type="checkbox"/> Rimfire Pistol <input type="checkbox"/> Centre Fire Pistol <input type="checkbox"/> Large Calibre Pistol. <input type="checkbox"/> Air Pistol	
Please provide two written character references supporting this application			

I hereby agree that:

- I am not a prohibited person under the NSW Firearms Act 1996
 - I will abide by the rules of the SSAA (NSW) Snowy River Branch Inc Pistol Club
 - I will abide by the constitution of the SSAA (NSW) Snowy River Branch Inc Pistol Club and any rules, which are from time to time laid down by the Committee of Management of the SSAA (NSW) Snowy River Branch Inc Pistol Club.
 - I authorise the SSAA (NSW) Snowy River Branch Inc Pistol Club committee of management to verify any information supplied on this application,
- * By signing this agreement, I further acknowledge that should any National Police Records Check return a result considered unbecoming a member, or prejudicial to the interests of the club, any membership may be reviewed

Signature: _____

Date: _____

Membership Fee: \$75

Payment Type: Cash | Cheque | Direct Deposit | Square

Direct Deposit Details: Bendigo Bank BSB 633-000 AC 203704168 Reference: SURNAME
Sporting Shooters Assoc of Aust Snowy River Branch Inc

Office Use Only	Date Paid: ____/____/____
Amount Paid \$ _____	Payment Type <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Square