



Eighteenth Battalion Memorial Rifle Club Inc.

"Legionis Lampada Tradamus"

PO Box 3227 Asquith 2077

ASSOCIATE MEMBERSHIP ENROLMENT/APPLICATION FORM

Name: _____ Title: _____

Address: _____

Postcode: _____ DOB:/...../.....

Driver's Licence Number: _____ Expiry Date: _____

Phone # Home: () _____ Work: () _____

Mobile # : _____ Email : _____

Occupation: _____

Employer: _____

Pension Number (if applicable) _____

Firearms Licence Number: _____ Class/es _____

Genuine Reasons: _____

State of Issue: _____ Expiry Date: _____

Current Parent Shooting Organisation: _____

SIGNED:

Applicant: _____ Captain/Adjutant _____

OFFICE USE:

Proposer: _____ Seconder: _____

Member #: _____ Hunt Club #: _____ Collecting Club #: _____

Date Associate Joined: _____