



Eighteenth Battalion Memorial Rifle Club Inc.

"Legionis Lampada Tradamus"

PO Box 3227 Asquith 2077

NEW MEMBERSHIP ENROLMENT/APPLICATION FORM

Name: _____ Title: _____

Address: _____

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

Driver's Licence/Photo ID Number: _____ Expiry: _____

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

Mobile # _____ Email: _____

Occupation: _____

Employer: _____

Pension Number (if applicable): _____

Firearms Licence Number: _____ Class: _____

State of Issue: _____ Expiry Date: _____

Do you belong to any other Shooting Clubs? Name: _____

Signed:

Applicant: _____ Captain/Adjutant: _____

Office Use:

Proposer: _____ Second: _____

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

Date New Member Joined: _____