



THE QUEENSLAND RIFLE ASSOCIATION INC

Belmont Shooting Complex
1485 Old Cleveland Road, Belmont QLD 4153

Phone: 07 3398 4309

ABN 13 367 165 237 ARBN 166 484 742
Fax: 07 3395 2777

Mail: PO Box 38, Carina QLD 4152

Email: qra@qldrifle.com

Website: www.qldrifle.com

CLUB TRANSFER APPLICATION

between QRA Clubs or another NRAA Affiliated Club

I, (full name of member)

of, (address of member)

..... Postcode:

Postal address (if different):

Date of Birth:/...../..... Email:

NRAA SID: Phone: (Mobile) (Home)

apply to transfer my NRAA affiliated club FROM:

State Rifle Assoc. (name of club transferring from) Rifle Club

TO: State Rifle Assoc. **QRA** (New Club) Rifle Club

I agree to be bound by the rules of the Queensland Rifle Association Inc. and will follow all orders and directions given by range staff whilst on any firing range under the control of any club affiliated with the Queensland Rifle Association. I supply my personal information on the understanding that the Queensland Rifle Association Inc and the National Rifle Association of Australia Ltd are committed to meeting the principles of the National Privacy Act. I declare that I am not subject to any court order prohibiting my possession or use of a firearm, and that I have not had a personal firearms licence cancelled or revoked in any State or Territory of the Commonwealth.

Signature of Member Date

If under 18 years of age, Parent/Guardian: Signature Name:

APPROVAL OF TRANSFER

OUTGOING CLUB

The Committee of the Rifle Club approves this application for transfer from this Club and declares that there are no outstanding liabilities or impediments to the transfer of membership.

Current Membership No: State Association Fees paid to (date):/...../.....

NRAA Fees paid to (date):/...../.....

Authorised on behalf of the Committee:

Name: Position:

Signature Date:

INCOMING CLUB

The Committee of the Rifle Club certifies that this member has been elected a member of this club and the above application for transfer is accepted.

Authorised on behalf of the Committee:

Name: Position:

Signature Date:

(QRA Office Use Only)

QRA Membership No.

s/17

NRAA Updated	Fees	Payment Ref.	Receipt No	Date	Date Processed/Memb card sent