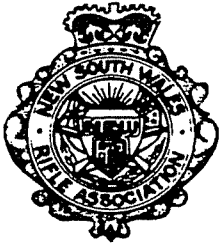


# THE NEW SOUTH WALES RIFLE ASSOCIATION Inc

ESTABLISHED 1860



Post Office Box 386  
MAROUBRA NSW 2035  
Tel: (02) 9661 4532  
Fax: (02) 9661 6042  
info@nswra.org.au

## CHANGE OF ADDRESS/DETAILS FORM

*Please tick relevant box:*

- CHANGE OF ADDRESS  
 CHANGE OF MEMBERSHIP CATEGORY  
 CHANGE OF MEMBERSHIP TYPE

MEMBERSHIP NO: \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Surname \_\_\_\_\_

Residential Address

No./Street: \_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_ Postcode \_\_\_\_\_

*Postal Address (if different to residential address)*

No./Street: \_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_ Postcode \_\_\_\_\_

### Change of Membership Category

	Current	New
Full	<input type="checkbox"/>	<input type="checkbox"/>
Field/Rimfire	<input type="checkbox"/>	<input type="checkbox"/>
Pensioner	<input type="checkbox"/>	<input type="checkbox"/>
School Student	<input type="checkbox"/>	<input type="checkbox"/>
Tertiary Student	<input type="checkbox"/>	<input type="checkbox"/>

### Change of Membership Type

	Current	New
NRAA Affiliate	<input type="checkbox"/>	<input type="checkbox"/>
State Level Member	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Member	<input type="checkbox"/>	<input type="checkbox"/>

Change of Firearms Licence/Permit No: \_\_\_\_\_

Club Secretary/Official's signature: \_\_\_\_\_ Date: \_\_\_\_\_

DATE ENTERED (office use only): \_\_\_\_\_ Entered by: \_\_\_\_\_

 **The New South Wales Rifle Association Inc.** 

PO Box 386, MAROUBRA, NSW, 2035 Ph: (02) 9661 4532 Fax: (02) 9661 6042

◆ Member - NSW Sports Federation Inc ◆ Member - National Rifle Association of Australia Ltd.

*Proudly supported by the NSW Department of Sport and Recreation*