



South Australian Field and Game Association Inc.

Membership Application

BRANCH: _____

*"The wild life of today is not ours to dispose
of as we please. We have it in trust. We must
account for it to those who come after"*
King George VI

NAME: _____ D.O.B: ____/____/____

HOME ADDRESS: _____

POSTAL ADDRESS: _____

PHONE: (H) _____ (W) _____

(M) _____ EMAIL _____

FIREARMS LICENCE NUMBER: _____ CLASS A B POU's 1, 2, 3, 5, 7

I hereby declare, that I am not subject to any court order prohibiting possession or use of a firearm, and have not had a personal firearms licence cancelled or revoked in any State or Territory of the Commonwealth of Australia.

SIGNATURE: _____

Please tick which level of Membership you require

- | | |
|---|--|
| <input type="checkbox"/> ADULT FULL YEAR - \$115.00 | <input type="checkbox"/> JUNIOR FULL YEAR - \$90.00 |
| <input type="checkbox"/> SENIOR/PENSIONER FULL YEAR - \$90.00 | <input type="checkbox"/> FAMILY FULL YEAR - \$175.00 |
| <input type="checkbox"/> ASSOCIATE MEMBER - \$23.00 | <input type="checkbox"/> BRANCH LIFE MEMBER - \$92.00 |
| <input type="checkbox"/> FAMILY JUNIOR - \$55.00 | <input type="checkbox"/> SPOUSE OF LIFE MEMBER - \$60.00 |



SOUTH AUSTRALIAN FIELD & GAME ASSOCIATION INC.

MEMBERSHIP APPLICATION

I, _____ (Character Referee – Full Name)

Of _____ (Character Referee Address)

Have known _____ (Full Name of Applicant)

for at least two years prior to this day and consider this person of good character and a suitable person to be a member of a Firearms Club/Branch.

Signed _____ Date ____ / ____ /20 ____

Telephone _____ Mobile _____

Referee contacted and confirmed	Date / /
Signed _____	Name(Print) _____
Position in Branch	

I, _____ (Character Referee – Full Name)

Of _____ (Character Referee - Address)

Have known _____ (Full Name of Applicant)

for at least two years prior to this day and consider this person of good character and a suitable person to be a member of a Firearms Club/Branch.

Signed _____ Date ____ / ____ /20 ____

Telephone _____ Mobile _____

Referee contacted and confirmed	Date / /
Signed _____	Name(Print) _____
Position in Branch	

This Form must completed in full and kept for 3 years in the Branch Records.