



# PERTH LEVER ACTION RIFLE CLUB

## APPLICATION FOR MEMBERSHIP

Surname/Family Name		First Name		
Address				Occupation
Date of birth	Mobile #	Email		
SSAA Membership #	Exp date	Firearms license #	Exp date	
No of firearms licensed	Lever Action	Bolt Action	Handgun	Other
If you have licensed firearms, please state how long you have been using them, for what & where (if not in a shooting club);-				
If you are a member of another shooting club please list name of club & discipline you shoot in;-				
If you have experience in reloading centrefire bullets, please state what calibres;-				
Type of Membership (pls tick one)	Adult Single	Adult Couple	Junior	Non-Shooting
Supporting Documents	National Police Clearance Cert		2 character references (from 31 Mar 25)	
<p>I will respect and abide by PLARC Rules, By-Laws, Constitution &amp; the Firearms Laws of WA.          I will at all times behave in an ethical &amp; sportsmanlike manner to raise the image of the shooting sports in the public arena.          I have no crimes of violence recorded against me and have never been refused membership from a rifle or pistol club in the past.          I hereby swear that the information contained herein is, to the best of my knowledge, true and correct.</p>				
Signature	Name		Date	
Witness signature	Witness Name		Date	
	Address			

### For Official Use Only

<input type="checkbox"/> Documents Verified	Min no of shoots completed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Application presented to Committee for review on		Date	
<b>Result</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> To be reviewed later
Fee to be invoiced(\$)	Paid on	Payment type	
Membership Officer Name		Membership Officer Signature & Date	