

# 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

**\*\*For Use Between Annual returns\*\***

## 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 \_\_\_\_\_

Phone number: (office hours) \_\_\_\_\_

Email address: \_\_\_\_\_

### Change of Membership Category

	Current	New
Full	<input type="radio"/>	<input type="radio"/>
Field/Rimfire	<input type="radio"/>	<input type="radio"/>
Pensioner	<input type="radio"/>	<input type="radio"/>
Student	<input type="radio"/>	<input type="radio"/>

### Change of Membership Type

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

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.

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