



# Coffs Harbour Rifle Club Inc.

A member of the New South Wales Rifle Association

P.O. Box 1041

Coffs Harbour N.S.W. 2450

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ABN 49 014 710 287

## LOCAL Membership Application Form

Surname \_\_\_\_\_

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

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

Residential Address  
\_\_\_\_\_  
\_\_\_\_\_

Postal Address (if different to residential address)  
\_\_\_\_\_  
\_\_\_\_\_

Phone numbers Home \_\_\_\_\_ Work \_\_\_\_\_  
Mobile \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Male  Female

Membership Type (tick one box) Adult  Pensioner  Junior (under 21)

Firearms Licence/Permit No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

Category \_\_\_\_\_ Reason \_\_\_\_\_

Occupation \_\_\_\_\_

### Have you in NSW or elsewhere

	YES	NO
Been refused or prohibited from holding a firearms licence or permit, or had a firearms licence or permit suspended, cancelled or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
Been the subject of a Firearms Prohibition Order?	<input type="checkbox"/>	<input type="checkbox"/>
Within the last 10 years been convicted of an offence involving firearms, weapons, Prohibited drugs, robbery, violence, terrorism or an offence of a sexual nature?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Within the last 10 years been the subject of a Family Law or Domestic Violence Order or an Apprehended Violence Order (other than an order that was revoked)?	<input type="checkbox"/>	<input type="checkbox"/>
Ever attempted suicide or self harm?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 12 months been treated or referred for treatment for alcoholism, drug dependence or a mental illness within the meaning of the Mental Health Act 2007 or as a mentally disordered person within the meaning of that Act?	<input type="checkbox"/>	<input type="checkbox"/>
Currently subject to a Good Behaviour Bond or any other Court Order?	<input type="checkbox"/>	<input type="checkbox"/>
Currently subject to an Interim Apprehended Violence Order?	<input type="checkbox"/>	<input type="checkbox"/>
Currently suffering from any mental illness or other disorder that may prevent you from using a firearm safely?	<input type="checkbox"/>	<input type="checkbox"/>

Event results are published in the local newspaper, our website and via e-mail. Do you wish to have your name published? If you do not select an option your full name will be published.

Full Name	
Surname Initial	
No Name	

**GENUINE REASON (not applicable to minor permit holders)**

***NOTE- at the end of each club membership year, the club reports member's attendance to the Police and Firearms Registry.***

You need to let the Coffs Harbour Rifle Club know what licence class you have (or are applying for) and the genuine reason for having these classes (listed on the back of your firearms licence).

These details are passed onto the Police and Firearms Registry as part of your licence conditions.

Licence		Your Licence Reasons			Report to Firearms Registry		
Class	Report	Target	Hunting		Target	Hunting	
A	Yes						
B	Yes						
H	Yes		N/A			N/A	

It is the responsibility of all members to notify the club of any change to the information given.

I declare that the above information is correct to the best of my knowledge, and that if accepted for membership, I will abide by the rules and regulations of the Coffs Harbour Rifle Club Incorporated.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Minor Applicant- permission</b> (age 12 to 18)	Name of Parent / Guardian _____
	Signature of Parent / Guardian _____

**I endorse the Application for Membership of the above application.**

**Signature of Captain**  
(Coffs Harbour Rifle Club) \_\_\_\_\_ **Date** \_\_\_\_\_

*Office use only.*

Membership Number- \_\_\_\_\_ Processed by- \_\_\_\_\_ Date- \_\_\_\_\_  
 Grades- \_\_\_\_\_ Membership Fee paid to- \_\_\_\_\_ Date- \_\_\_\_\_