S.S.A.A. (QLD.) INC.

APPLICATION FORM

S.S.A.A. BRANCH RANGE OFFICER

To be completed by applicant and forwarded to Branch Committee for processing.

Name in Full: _____ *D.O.B.* / /
(Please Print Clearly)

Residential Address: _____

_____
Post Code

Postal Address: _____
(If Different to Above)

_____
Post Code

Telephone No: ( ) _____ Mobile No: _____

Male: ☐ *Female:* ☐

S.S.A.A. Membership Details

Member No: _____

Branch: _____

RANGE OFFICER ACCREDITATION REQESTED – Please tick box / boxes:

LONGARMS			HANDGUN		

BRANCH COMMITTEE USE ONLY

Supporting Documentation (Please Tick)

Copy of Range Officers Attendance Card attached			Firearms Licence Category AB sighted			Firearms Licence Category H sighted			Current SSAA Membership Card sighted		

Meeting Range Officer Status Approved and Badge issued: *Please date and tick.*

Committee Meeting: **Date:** / / ☐

General Meeting: **Date:** / / ☐

Range Officer Badge Issued: **Date:** / / ☐

Branch Presidents Name: _____

Signature: _____ **Date:** / /

Branch Secretaries Name: _____

Signature: _____ **Date:** / /

TRAINEE RANGE OFFICER TIME CARD for _____

DATE	TIME (under supervision)	MATCH	Supervising RANGE OFFICER	COMMENTS
3/12/2006	*2 Hrs 45 mins*	*field rifle*	*Bill BEE*	*Courteous and helpful to shooters*