

# WEST AUSTRALIAN RIFLE ASSOCIATION INC

## TRANSFER CERTIFICATE

MEMBER NO:	
SURNAME:	GIVEN NAMES:
ADDRESS:	POSTCODE:
TELEPHONE:	D.O.B.
OF THE	RIFLE CLUB
HEREBY APPLY TO BE TRANSFERRED TO THE RIFLE CLUB	
FIREARMS LICENCE NO:	
SIGNATURE OF APPLICANT:	DATE:
<b>STATEMENT OF CAPTAIN OF OUTGOING CLUB</b>	
(to be signed before transfer can be processed)	
DATE:	CAPTAIN:
CLUB:	
<b>STATEMENT OF CAPTAIN OF INCOMING CLUB</b>	
I, _____	THE CAPTAIN OF THE _____
RIFLE CLUB, CERTIFY THAT .....	WAS ELECTED A
MEMBER OF THE _____	RIFLE CLUB ON    /    / 20
DATE:	CAPTAIN:
Office Use Only:	
Transfer Received and Processed:	Executive Officer: