



**West Australian Rifle Association Inc.**  
Pinjar Rifle Range, Pinjar WA 6078  
PO Box 1559, WANGARA DC WA 6947  
[clubassist@wara.asn.au](mailto:clubassist@wara.asn.au)

### FORM 1 - 2024 - NEW MEMBER REGISTRATION FORM

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Gender (please circle):     **Male**             **Female**             **Other**

Firearms License Number: \_\_\_\_\_ Club Supported:     **Yes**     **No**

Discipline (please circle):     **TR**     **FS**     **FO**     **FTR**     **PC**     **PCO**     **SERVICE**

Proposed WARA Club: \_\_\_\_\_

Why do you want to become a member of this club? \_\_\_\_\_

New Senior Member: \$ \_\_\_\_\_ **OR** New Junior Member: \$ \_\_\_\_\_

By signing this New Member Form, you acknowledge that you are on a probationary period with the above chosen Club. (The WARA Membership Policy is currently under review)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CAPTAIN'S CERTIFICATE

I \_\_\_\_\_, Captain of the \_\_\_\_\_ Rifle Club certify that the applicant has attended the Club and Range over a period of time to the satisfaction of the Club and hereby advise the applicant has been elected as a member of the Club.

Captain's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to [clubassist@wara.asn.au](mailto:clubassist@wara.asn.au)