



Australian Match Rifle Association

Membership Form



Surname	
Given Names	
Club	
State Association N°	
S.I. D.	
Firearms Licence N°	
Email address	
Postal address	
Mobile Phone	
Home Phone	

☐ New Membership Application – \$20 Payable on confirmation of membership covering membership through to 30 June each year

New Member Nominated by: _____ (AMRA MEMBER)

Nominee's Signature (or attach email confirmation) _____

I certify that the above information is true and correct.

Signature _____

Date _____

Send form to: info@matchrifle.org or

Australian Match Rifle Association, Po Box 535, Wagga Wagga, NSW 2650

AMRA Use Only

Executive Committee Outcome _____ Date _____

Membership Paid _____ Initials _____

Go Further With Long Range Shooting
Match Rifle – FTR – Long Range F Class
www.matchrifle.org