



**APPLICATION FOR ASSOCIATE MEMBERSHIP OF THE
COMBINED FIREARMS COUNCIL OF VICTORIA INC**

I,
(name of applicant)

apply to become an Associate Member of the **Combined Firearms Council of Victoria Incorporated (CFCV)**.

In the event of my admission as an Associate Member, I agree to be bound by the Rules of the Association.

Name of Applicant:

Signature of Applicant: Date:

CONTACT DETAILS:

Postal Address:
..... Post Code:

Phone: (BH) Phone: (AH) Fax:

Mobile Phone: E Mail:

Which shooting clubs (if any) are you a member of?.....
.....

State Electorate you are enrolled in (if known):.....

Federal Electorate you are enrolled in (if known):.....

Are you able to assist during elections ? Y / N

ANNUAL SUBSCRIPTIONS:

Associate membership is \$30 per annum. Please make cheques payable to
"Combined Firearms Council of Victoria" to the address below, or pay by credit card
(please circle):

Visa / M-Card / Bankcard _____

Name on Card:..... Expiry date: __ / __

Signature:Date: / /03

Membership is subject to approval by the Group and only valid upon receipt of the prescribed membership fee.

PAYMENT DETAILS:

Cheques and Money Orders should posted to:

**The Secretary
Combined Firearms Council of Victoria Inc
P.O. Box 2279
Dandenong North Vic 3175**