

Shoalhaven Sporting Clays

2024 Membership Application Form.

Please complete the form below and forward to the Secretary

Date _____ Branch: **SHOALHAVEN SPORTING CLAYS** SSC Member No: _____

1. Surname _____ SCA Member No: _____

2. Preferred Title (Tick one Box Only) Mr Mrs Ms Miss Sr Dr Rev

3. First & Middle Names _____

4. Address _____

5. Suburb/Town _____ Postcode _____

6. Postal Address _____

7. Suburb/Town _____ Postcode _____

8. Home Phone _____

9. Mobile Phone _____

10. Email _____

11. Sex Male Female

12. Date of Birth _____

13. Preferred club for reporting _____

14. Contact in case of Emergency _____

16. Membership Type (Tick one Box Only)	SSC	SCA	TOTAL
<input type="checkbox"/> Full Member	50.00	148.00	198.00
<input type="checkbox"/> Sub Junior Member up to 17	0.00	148.00	148.00
<input type="checkbox"/> Junior Member 18 – 20	0.00	148.00	148.00
<input type="checkbox"/> Partner Member	50.00	148.00	198.00
<input type="checkbox"/> Senior Member 56 – 65	45.00	148.00	193.00
<input type="checkbox"/> Veteran 66 – 73	45.00	148.00	193.00
<input type="checkbox"/> Master Member 74	45.00	148.00	193.00

Shooters Licence No. _____ Applicants Signature _____