



SPORTING SHOOTERS ASSOCIATION OF AUSTRALIA (NSW) INC.

TRANSFER REQUEST FORM

Please complete the form below and return by mail, fax or email to:

Katie Millen
PO Box 1001
ST MARYS NSW 1790
Fax: 02 8889 0442
Email: katherine@nsw.ssaa.org.au

Please Note: Branch transfers require the approval of the Branch Committee before being actioned; this process can take up to three months due to timing of Committee Meetings.

Name: _____

Membership Number: _____ Expiry Date: _____

Address: _____

Please transfer my SSAA membership:

From Branch: _____ Branch No: _____

To Branch: _____ Branch No: _____

A LETTER OF CONFIRMATION WILL BE SENT.

Reason:

Moved

Other _____

Members Signature: _____ Date: _____

SSAA NSW – TRANSFER REQUEST FORM

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• Promoting Shooters and Shooting Sports • Firearm Safety and Junior Development • Conservation and Ethical Hunting

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