

NSW BRANCH TRANSFER REQUEST FORM

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

Email: <u>admin@nsw.ssaa.org.au</u> Mail: Suite 3.05, TRN House, 90 Podium Way, Oran Park NSW 2570

Name:			
Membership Number:		Expiry Date:	
Email Address: _			
Please transfer n	ny SSAA Membership:		
From Branch:	SSAA (NSW)		Branch
To Branch:	SSAA (NSW)		Branch
Reason: Moved Other (ple	ase specify):		
An updated	SSAA Membership Card	will be sent to your registered	postal address.
Branch transfers		e Branch Committee before be o three months to complete.	eing actioned and as

Please note:

Changes of contact details, *including address*, must be made via the National Membership Office: online: <u>membership.ssaa.org.au/forms/change</u>; or email: <u>membership@ssaa.org.au</u>; or phone: <u>02 8805 3900</u>.

Members Signature: _____Date: _____

SSAA NSW – BRANCH TRANSFER REQUEST FORM

Version 6.5 20/04/2022

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

Sporting Shooters Association of Australia (New South Wales) Limited Suite 3.05, 90 Podium Way "TRN House", ORAN PARK NSW 2570 P: 02 7900 1555 E: admin@nsw.ssaa.org.au www.nsw.ssaa.org.au ABN 40 624 274 165 ACN 659 347 109