

MARYBOROUGH RIFLE & PISTOL CLUB INC.

PO Box 983 Maryborough QLD 4650

297 Walker Street Maryborough QLD 4650

MEMBER REGISTRATION RENEWAL FORM YEAR 2025



SURNAME: _____	HOME PH: () _____
OTHER NAMES: _____	FAX: () _____
ADDRESS: _____	MOBILE: _____
	EMAIL: _____
CITY: _____	DATE OF BIRTH: _____
POST CODE: _____	SEX: _____
POSTAL ADDRESS: _____	OCCUPATION: _____
(if different from above)	
TRA/QTS Senior under 60 to provide your Senior Card or Equivalent Number _____	

Are you using membership with the Club as your reason for owning a firearm?	Yes / No
Is there any reason why you cannot be issued with a Shooters Licence?	Yes / No
Category A/B Shooters Licence No: _____	Exp: _____
Category H Shooters Licence No: _____	Exp: _____
Note: Current Shooters Licence must be sighted by Club Official	

TYPE OF MEMBERSHIP	
TRA/QTS (Rifle)	PSQ (Pistol)
Full Member ()	Full Member ()
Junior (U21) ()	Junior (U21) ()
Junior (U18) ()	
Junior (U16) ()	
Senior (see above) ()	
Family ()	
Non Shooting ()	
	OTHER
	Club Member (with weapons licence) ()
	Associate Member (no weapons licence) ()
Existing QTS / PSQ Member Affiliation No's (if known): QTS _____ / PSQ _____	
MEMBER SIGNATURE: _____ DATE: _____	

PREFERRED PAYMENT OF FEES BY EFT TRANSFER (Account Details Below)

Payments by cash or cheque can be made to any member of the Executive by arrangement

BANK – Commonwealth Bank Australia – BSB:- 064 421 – Acc No.:- 00903396

Please include your Name in the reference details and confirm your payment by email

Official Club Use
Amount Paid: \$ _____
Signed: _____ Position: _____