

QUEENSLAND TARGET SPORTS Inc.

2026 ADULT NEW and EXISTING MEMBER AFFILIATION ENROLMENT FORM.

(Please circle relevant category above)

PLEASE PRINT CLEARLY IN CAPITALS (UPPER CASE) LETTERS.

CLUB: _____

TITLE: Mr, Mrs, Miss, Ms or other (Please State): _____

GIVEN NAME: _____ **HOME PHONE:** _____

MIDDLE NAME: _____ **MOBILE:** _____

SURNAME: _____ **EMAIL:** _____

ADDRESS: _____ **DATE OF BIRTH:** _____

_____ **GENDER:** _____

CITY: _____ **STATE:** _____ **POST CODE:** _____

POSTAL ADDRESS: (If different from above)

TYPE OF MEMBERSHIP:

Adult ☐

Non Shooting ☐

Concession ☐

Family ☐

Existing Member Affiliation No (If known) _____

By signing this form I acknowledge that I will abide by the following:

5.1 I am bound by and must comply with all (NSO/SSO) Policies, including but not limited to, the National Integrity Framework, Anti-Doping Policy, Code of Conduct Policy, Social Media Policy and Membership Policy, which can be found here <https://tra.org.au/integrity/>.

5.2 I acknowledge that I am bound by these policies, and it is my responsibility to be familiar with these policies.

5.3 A breach of these policies could result in further action being taken, as outlined in the complaints or discipline procedures of the respective policy.

MEMBERS SIGNATURE: _____ **DATE JOINED:** _____