



**SSAA (QLD) INC**  
**CONSERVATION and WILDLIFE**  
**MANAGEMENT DIVISION**  
 (FORMERLY KNOWN AS HUNTING & CONSERVATION)



**MEMBERSHIP FORM**

**New**

**Renewal**

It is a pre-requisite of membership to SSAA (Qld) Inc Conservation & Wildlife Management Division that you maintain current financial membership of the Sporting Shooters' Association of Australia Inc.

**(PLEASE COMPLETE ONE FORM PER MEMBER/APPLICANT)**

Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P/Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ P/Code: \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Bus: (\_\_\_\_) \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

SSAA Membership Number: \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEMBERSHIP FEES**

ANNUAL SUBSCRIPTIONS (due 31<sup>st</sup> March each year) (tick one box only)

- ADULT \$55.00
- FAMILY \$70.00 (Maximum 2 Adults & 2 Children)

I hereby declare the above information to be true and correct and understand that I must maintain financial membership status of SSAA for the duration of this application. I agree to abide by the rules of conduct for SSAA (Qld) Inc., Conservation & Wildlife Management Division Members.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cheque/Money Orders to be made payable to SSAA (Qld) Inc.

Enclosed is payment for the amount of \$.....

**Payment options**    **Cheque**    **Money order**    **MasterCard**    **Visa**

**Credit Card**                    

**Expiry**     /     **Signature**.....

Send completed form to:  
**SSAA (Qld) Inc Conservation & Wildlife Management Division**  
**PO Box 2443 North Ipswich Qld 4305**

**Fax (07) 3812 8071   Email: [cwm@ssaagld.org.au](mailto:cwm@ssaagld.org.au)**  
 Enquiries: Phone Mark Woods 0438 098 469