

New Members Record Card



Name:

Induction Date/...../..... FAL FM1#

Visit	Date	RO/Armourers Name and Signature
1		
2		
3		
.22 Cone of Fire Passed		

Date Application for Probationary Membership handed in./...../.....

Date Fees Paid/...../.....

4		
5		
6		

7 Date Passed .22 Competency Assessment Standard...../...../.....

Name and Signature of Assessor

8 Date of Introduction to Centrefire Shooting Course/...../.....

Name and Signature of Instructor

Visit	Date	RO/Armourers Name and Signature
9		
10		
11		
12		
13		

14 Date Passed Centrefire Competency Assessment Standard...../...../.....

Name and Signature of Assessor

Date Passed Safety and Range Officer Test/...../.....

Date Application for Full Membership handed in/...../.....

Copies of this form need to be handed in when filing your Applications for both Probationary and Full Membership