



NEW SOUTH WALES RIFLE ASSOCIATION INC.

OFFICE BEARERS

Please complete and return this form to the NSWRA Office after the election of the Office Bearers at the Annual General Meeting of your Club.

CLUB NAME _____ Year: ____/____

DISTRICT ASSOCIATION _____

INCORPORATION DATE ____/____/____

CAPTAIN:

Mobile _____
Email _____
Signature _____

mail
email

SECRETARY:

Mobile _____
Email _____
Signature _____

mail
email

TREASURER:

Mobile _____
Email _____
Signature _____

mail
email

Membership Database Manager:

Email _____

Club Postal Address (if available)

Email: _____

mail
email

Please place a tick in the " " box of the Office Bearer or Club Address to receive mail / email.

RETURN TO:

NSWRA *OR* admin@nswra.com.au
PO BOX 386
MAROUBRA NSW 2035