



Sporting Shooters Association of Australia (Victoria)

BASIC FIREARM SAFETY COURSE

Application Form

Please complete all parts of the application form and submit or email to:

State Office

SSAA Victoria

Unit 3, 26 Ellingworth Parade, Box Hill VIC 3128

training@ssaavic.com.au

Applicant details

Full Name:	
Address:	
Contact phone:	
Email:	
SSAA Membership No: (if applicable)	
Firearms Licence No: (if applicable) Expiry date:	
Medical Conditions: <i>Do you have any medical conditions that require consideration during the course?</i>	
Course location:	
Course date:	

Pre-requisite information:

Reason for enrolling in this course:	
Brief details of your experience with firearms: <i>The Sporting Shooters Association of Australia (Victoria) request applicants give details of their experience using firearms. This will help us identify special needs and for quality assurance in each session.</i>	

Payment Options:

Cheque Money order MasterCard Visa

Card Number

Expiry Date

Applicant signature: Date:

Office use Only:		
(circle)	Enrolled	NOT yet enrolled
Name:	Position:	
Sign:	Date:	

Enquiries to be directed to State Office on (03 8892 2777) or email: training@ssaavic.com.au