



# INTERNATIONAL FIREARM TRAINING ACADEMY SHOOTING ASSOCIATION

## NEW MEMBER APPLICATION

Date:  Title:  First Name/s:

Surname:

ID. No:

Physical Address:

Postal Address:

Telephone No:  Cell No:

Email Address:

Medical Aid:  Medical Aid No:

Type of Firearm/s: (Please Indicate With X) Handgun  Shotgun  Manually Operated Rifle  Self-Loading Rifle

Please Indicate With X: Dedicated Sport-Shooter  Occasional Sport-Shooter

## IN CASE OF EMERGENCY – CONTACT DETAILS

### Contact 1

Name:  Surname:

Tel No:  Cell No:

### Contact 2

Name:  Surname:

Tel No:  Cell No:

## DECLARATION

I declare the above information to be true and correct and bind myself to the association rules, code of conduct and constitution.

Signature:

Date:

## OFFICE USE ONLY

Invoice No:	Membership No: IFTA-
Membership Expires:	Rule Book #:
Certified Copy of ID/Passport: Yes / No	Amount: