



West Australian Pistol Association Inc
CLUB TRANSFER FORM
(FORM WAPA 104)

Club: _____
Address: _____ Post Code: _____

This is to certify that

Is a financial member of the West Australian Pistol Association until 31 October (enter year)

Joined this Club on: / / Existing Firearms License number (if applicable):

Members recorded activity for current year					
Discipline <i>tick which disciplines apply</i>			Attendances <i>nbr of attendances for current year</i>		
ISSF	PA	SA	ISSF	PA	SA

Members Grades					
Match	Grade	Junior Grade if applicable	Match	Grade	Junior Grade if applicable
10m Air Pistol – 40			Service Unrestricted		
10m Air Pistol – 60			Service Pistol		
25m Rapid Fire			Service 25 Yard		
25m Standard Pistol			International 1920		
25m Pistol (Sports)			Black Powder 25m		
25m Centre Fire			Black Powder 50m		
50m Pistol (Free)			WA 1500		

Signature: _____
Club Secretary

Name (in BLOCK letters): _____

Date: / /

If applicable, attached is a copy of the register of approved handguns owned by the member.

