

**The Registrar  
SSAA Fraser Coast Branch Inc**

**P.O. Box 1243  
MARYBOROUGH Qld 4655**  
[registrar@ssaafrasercoast.org.au](mailto:registrar@ssaafrasercoast.org.au)

**BRANCH ANNUAL RANGE PASS FEE**

**\$60 Adults \$2.00 Juniors**

Please complete the following form and either e-mail the completed form to the registrar, or print it and mail it to the above address, or hand it to a range officer.

Name..... 12 months ending 30<sup>th</sup> June.....  
.....

SSAA Member Number..... SSAA Expiry Date.....

---

*Please complete the following details.*

Residential Address.....

City..... State.....Postcode.....

Postal Address .....

City..... State.....Postcode.....

Date of Birth.....

Home Phone..... Mobile.....

Email address.....

Firearm Licence No..... Expiry Date.....

Concealable Licence No..... Expiry Date.....

---

Signature..... Date.....

**I will use the following payment system:**

Bank Deposit/Electronic Transfer

Posting Chq/Money Order

Cash Paid to Range Officer

Receipt No.....

**Electronic Banking Details**

BSB: 638-070                      Heritage Bank

A/c No: 737 4550                      SSAA Fraser Coast Branch Inc

**Please enter your name and SSAA number in the reference section on the electronic deposit form.**