



# NATIONAL RANGE OFFICER'S INSTITUTE (AUSTRALIA)

President: Greg Moon

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## APPLICATION FOR MEMBERSHIP

The criteria to join the National Range Officer Institute (Aus) is as follows:

- Must be a current member of IPSC(Aus)
- Must successfully complete an Level I Seminar
- Must have earned three (3) supervised Match Points by working IPSC matches under supervision of a certified NROI(A) Range Official after completing the Level I Seminar. (Note: Level I matches are not recognised for the purposes of NROI(Aus) accreditation)

If you meet this criteria and wish to apply for membership to NROI(A), complete this Application for Membership form and send it to your **NROI(A) Section Representative**.

### PLEASE PRINT ALL DETAILS CLEARLY

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Postal Address: \_\_\_\_\_ State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_ IPSC Member No: \_\_\_\_\_

Your IPSC Club \_\_\_\_\_ No. of Years shooting IPSC \_\_\_\_\_

Are you a financial current member of IPSC(A)? Yes  No

Have you successfully completed the Level I Seminar? Yes  No

Date of Seminar \_\_\_\_\_ Presented by \_\_\_\_\_ Location \_\_\_\_\_

**List three Level II or higher matches you have worked under the supervision of a certified NROI(A) Range Official, since completing the seminar. Please indicate the date of the match**

1. \_\_\_\_\_ Supervising Range Officer \_\_\_\_\_

2. \_\_\_\_\_ Supervising Range Officer \_\_\_\_\_

3. \_\_\_\_\_ Supervising Range Officer \_\_\_\_\_

Briefly outline your IPSC experience (e.g. when you joined IPSC, date, events attended, and your role of participation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If accepted for membership of NROI (Australia), I agree to be bound by the NROI Charter, IPSC (Australia) Constitution and IPSC rules. I further agree to abide by the Range Officer's Code of Conduct (as outlined in the Level I Seminar).

Signed \_\_\_\_\_ Date \_\_\_\_\_

*Applicant*

I support the above applications and make the following recommendation/comments:

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Section \_\_\_\_\_ Date \_\_\_\_\_

*Section Representative (NROI)*

Membership verified: Yes  No  Seminar and results verified Yes  No

Other information \_\_\_\_\_

Received on: \_\_\_\_/\_\_\_\_/\_\_\_\_ NROI Database No: \_\_\_\_\_ Entered on: \_\_\_\_/\_\_\_\_/\_\_\_\_