

Application for Renewal of Pistol Australia Holster Accreditation



To be completed by Applicant

Family Name:		Given Name/s:		
Name to appear on card:				
Address:				
Email address:				
Club:				
Current PA Holster Card #:		Expiry Date:		
Currently approved for – (X relevant box)	Revolver		Semi Auto	
I agree to the conditions on use and application of PA Holster Accreditation as laid down by Pistol Australia Inc.				
Signature:			Date:	

To be completed by a Club Official

Shooter Name:

1. Has continued to compete without any safety problems in PA events requiring holster draw, and
2. Is Affiliated to Pistol Australia Inc.

Club:			
Club Official:	Print Name:	Date:	
Position:			
Signature:			

NSWAPA members:

Post to: PO Box 6422
Silverwater NSW 1811

Or

Email to: admin@nswapa.org.au