Milnerton Shooting Association
Probationary Membership Range Sign-Off Form

Probationary Member Details

Member Name & Surname: _____

Member Number: _____

Probationary Membership Inception Date: _____

Range Visit Record

Date	Firearm Type / Caliber	Senior RO Name	Senior RO Signature	Target Verified	Comments / Notes
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	

Clause

Completion of this form and the required probationary range visits does not automatically grant membership in the Milnerton Shooting Association. It serves as a record that the probationary member has met the prerequisite conditions for membership consideration.

All probationary members are required to comply with the Association's rules, regulations, and safety protocols at all times. Failure to adhere to these standards, or providing false or misleading information on this form, will result in disqualification from membership.

The Milnerton Shooting Association Committee reserves the right to approve or decline membership applications at its sole discretion.

Member Declaration

I, the undersigned, confirm that the above information is true and correct to the best of my knowledge.

Member Signature: _____

Date: _____
