

Application for Renewal of PA Holster Accreditation



To be completed by Applicant

Family Name:	Given Name/s:
Address:	
Email address:	
Club:	
Current PA Holster Card #:	Expiry Date:
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:		
	<ol style="list-style-type: none"> 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:	