

# Waterford Sportsman's Club

**OFFICE USE**

Club Membership #: \_\_\_\_\_

Card Serial # \_\_\_\_\_  
4266 ON HWY 24, Scotland ON (519) 446-1178  
<http://www.wsclub.ca>

## Renewal Form

Please check off what Membership you are Registering for: (All Memberships are NON-REFUNDABLE)				
			Family - 1 Vote	\$245.00
Single	\$200.00		Family - 2 Vote	\$275.00
Junior - must be sponsored if under 18 years of age	\$25.00		Additional Fee if over 2 Family Members	\$15.00/person

Method of Payment:  Cash  Cheque  Bank Draft **Total Fees** \_\_\_\_\_

Please check off Disciplines of Interest: (Check all that Apply)					
<input type="checkbox"/> Trap	<input type="checkbox"/> Skeet	<input type="checkbox"/> Handgun	<input type="checkbox"/> Rifle (Pending)	<input type="checkbox"/> Bullseye	<input type="checkbox"/> Archery

Would you be interested in volunteering at the club  Yes  No

### PRIMARY CLUB MEMBER INFORMATION - PLEASE PRINT CLEARLY AND PROVIDE ALL INFORMATION REQUESTED

Club Member's First Name:	Club Member's Last Name:	Birth Date: <small>mm / dd / yyyy</small>	Please Check:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:		Primary Phone #		
City:	Postal Code:	E-Mail:		
PAL Number: <input type="checkbox"/> Prohibited <input type="checkbox"/> Restricted <input type="checkbox"/> Non-Restricted	PAL Expiry: <small>mm / dd / yyyy</small>	Handgun Club Level Safety Course: <input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____		
Sponsor Name if under 18:		Sponsor Membership #:		
RCO: <input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____				

### FAMILY MEMBERSHIP INFORMATION - PLEASE PRINT CLEARLY AND PROVIDE ALL INFORMATION REQUESTED

Secondary Family Name (FIRST AND LAST):	<input type="checkbox"/> Male <input type="checkbox"/> Female	Additional Family Name (FIRST AND LAST):	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Address:	
Primary Phone #:		Primary Phone #:	
PAL Number: <input type="checkbox"/> Prohibited <input type="checkbox"/> Restricted <input type="checkbox"/> Non-Restricted	PAL Expiry: <small>mm / dd / yyyy</small>	PAL Number: <input type="checkbox"/> Prohibited <input type="checkbox"/> Restricted <input type="checkbox"/> Non-Restricted	PAL Expiry: <small>mm / dd / yyyy</small>
Additional Family Name (FIRST AND LAST):		Additional Family Name (FIRST AND LAST):	
Address:		Address:	
Primary Phone #:		Primary Phone #:	
PAL Number: <input type="checkbox"/> Prohibited <input type="checkbox"/> Restricted <input type="checkbox"/> Non-Restricted	PAL Expiry: <small>mm / dd / yyyy</small>	PAL Number: <input type="checkbox"/> Prohibited <input type="checkbox"/> Restricted <input type="checkbox"/> Non-Restricted	PAL Expiry: <small>mm / dd / yyyy</small>

### EMERGENCY AUTHORIZATION - PLEASE PRINT CLEARLY AND PROVIDE ALL INFORMATION REQUESTED

Emergency Contact Name:	Phone #:
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### AUTHORIZATION, DISCLAIMER, AND WAIVER OF LIABILITY - PLEASE PRINT CLEARLY AND PROVIDE ALL INFORMATION REQUESTED

I, the undersigned, hereby acknowledge that I will read the Waterford Sportsman's Club constitution and member's guide to policies, procedures and range safety as it relates to the discharge of firearms. I will not hold the club, the organizations associates, executive, adhoc committees for any personal injuries. I understand that I must abide by all the rules set out by the Waterford Sportsman's Club which may include rules set by the Municipality of Haldimand-Norfolk, Not for profit act of Ontario, province of Ontario and laws of Canada as they pertain to the Club.

Date:	Applicants Signature: X
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*Waterford Sportsman's Club Executive Use Only*

2020

Executive Receiving Application: \_\_\_\_\_  
mm / dd / yyyy

Executive Processing Application: \_\_\_\_\_  
mm / dd / yyyy