

OFFICE USE ONLY

Club Membership #: _____

S/N#: _____

Please check off what Membership you are Registering for: (All Memberships are NON-REFUNDABLE)					
Initiation Fee	\$150.00		Family - 1 Vote	\$345.00	
Single	\$300.00		Family - 2 Vote	\$375.00	
Junior - must be sponsored if under 18 years of age	\$50.00		Add'l insurance over 2 members	\$20.00/person	

Method of Payment: **Cash** **Cheque** **Bank Draft** **E-Transfer**

NFA Member **Yes** **No** Other

Late Fee? (\$35 - Nov 1)

NFA # **Exp**
mm/dd/yyyy

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	<input type="checkbox"/> Bullseye	<input type="checkbox"/> Archery

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

First Name:		Last Name:		<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: mm / dd / yyyy	Indoor HGSC Outdoor RSO Indoor LGSC	Primary Primary Primary	Spouse Spouse Spouse
Sponsor Name if under 18:			Sponsor Membership #:		

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

Spouse / Partner (FIRST AND LAST):		<input type="checkbox"/> Male <input type="checkbox"/> Female	Child(ren) 18 or under (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: mm / dd / yyyy	PAL Number:	PAL Expiry: mm / dd / yyyy	

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

Executive Receiving Application: _____
Please sign on receiving when ✓ mm / dd / yyyy

Executive Processing Application: _____
mm / dd / yyyy