

West Coast Rangers Black Powder Historical Reenactment Society
Membership Record

For the calendar year Membership Number _____

Principal Member

Last Name _____ First _____ Intl _____

Mailing Address _____

City _____ Prov _____ Zip _____

Home Phone _____ Fax _____

E-Mail _____

House Address (if different from mailing) _____

Type of Membership (circle) Family (\$85) Regular (\$75)

Family Members (If Family Membership)

Last Name First Name Intl Relationship

1. _____
2. _____
3. _____
4. _____
5. _____

Authorization to Transport Permit Holders

This info must be filled out correctly if you wish to be sponsored by this club.
Be it known that this info will be forwarded to the Government as per the regulations.

Last Name First Name Intl Date of birth (m/d/yr.) Fac/Pal#

I HEREBY CERTIFY THAT NO ONE ON THIS FORM IS UNDER ANY PROHIBITION FROM USING FIREARMS.

Date _____ Signature _____

By signing above the member acknowledges that West Coast Rangers assumes no liability for injury, loss or damages incurred by the member while using club facilities or participating in club events.