

NEW MEMBER APPLICATION/SPONSORSHIP FORM

Date _____

Sponsor _____ (please print)

This form is good until the AGM in 20____ and the fees are one time and no other membership fees are due until full membership is granted

Principal Member

Last Name _____ First _____ Second _____

Mailing Address _____

City/town _____ Prov/state _____ Postal Code _____

Home phone _____ Cell _____

Email _____

House address (if different from mailing) _____

Type of membership (circle) **family \$130** **single \$110**

Family Members (if family membership) (need more space use reverse side)

Last Name	First Name	Initial	Relationship
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

I HEREBY CERTIFY THAT NEITHER MYSELF NOR ANY FAMILY MEMBER LISTED HEREIN IS UNDER ANY FIREARMS BAN, PROHIBITION OR RESTRICTION

Date _____

Signature _____