

WEST COAST RANGERS BLACK POWDER HISTORICAL REENACTMENT SOCIETY

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 \$120**    **single \$100**

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

Last Name	First Name	Initial	Relationship
1	_____	_____	_____

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

Date\_\_\_\_\_

Signature\_\_\_\_\_

Date \_\_\_\_\_

Sponsor Signature

If you already have an Authorization to Transport please fill out on reverse side.

**FAMILY MEMBERS**

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

**Authorization to Transport Permit Holders**

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

<b>Last Name</b>	<b>First Name</b>	<b>Intl</b>	<b>date of birth (m/d/yr)</b>	<b>PAL #</b>
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Signature \_\_\_\_\_

