WEST COAST RANGERS BLACK POWDER HISTORICAL RE-ENACTMENT SOCIETY
NEW MEMBER APPLICATION/SPONSORSHIP FORM

CALENDAR YEAR_____ **MEMBERSHIP NUMBER**_____

SPONSORING MEMBER: _____ (Please Print)

PRINCIPAL MEMBER:

Last Name: _____ First_____ Second_____

Mailing Address: _____

City/Town: _____ Prov/State: _____ Postal Code: _____

Home Phone: _____ Cell: _____

Email: _____

House Address: (If Different from Mailing): _____

P.A.L. Number(s): (If Acquired or In Progress) _____
*Note, you are required to have your PAL, **OR** be signed up for the course before you can be voted in at the AGM below

Type of Membership: (Circle) **FAMILY: $200 SINGLE: $150**

Family Members (If Family Membership Selected. If More Space Required Use Reverse)

LAST NAME FIRST NAME INITIAL | RELATIONSHIP

1) _____

2) _____

3) _____

BY SIGNING BELOW I HEREBY CERTIFY THAT NEITHER MYSELF NOR ANY FAMILY MEMBER-LISTED HERIN IS UNDER ANY FIREARMS BAN, PROHIBITION OR RESTRICTION. I ALSO ACKNOWLEDGE THAT THE WEST COAST RANGERS ASSUME NO LIABLILTY FOR ANY INJURY, LOSS OR DAMAGE INCURRED BY MEMBERS WHILE USING CLUB FACILITIES OR PARTICIPATING IN CLUB EVENTS.

DATE: _____ SIGNATURE_____

(FOR OFFICE USE ONLY)

DATE ACCEPTED: _____

THIS FORM IS GOOD UNTIL THE AGM IN THE YEAR 20___ AND THE FEES ARE ONE TIME AND NO OTHER MEMBERSHIP FEES ARE DUE UNTIL THE AGM DATE LISTED ABOVE. (If accepted before June, the member shall be eligible at the AGM + 2 years listed in the accepted date. If accepted after June, it shall be + 3 years after the accepted date.)

Revised 11-2025