WEST COAST RANGERS BLACK POWDER HISTORICAL RE-ENACTMENT SOCIETY
MEMBERSHIP RENEWAL FORM

CALENDAR YEAR_____ **MEMBERSHIP NUMBER**_____

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): _____2nd PAL Holder (If More than One) _____

Type of Membership: (Circle) **FAMILY: $120** **SINGLE: $100**

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.

DATE: _____ SIGNATURE_____

By signing above, the members acknowledge that the West Coast Rangers assumes no liability for any injury, loss or damage incurred by the members while using club facilities or participating in club events.

(FOR OFFICE USE ONLY)
DATE PAYMENT RECEIVED: _____
Revised 11/2025