



MEMBERSHIP APPLICATION FORM

DATE: Y _____ M _____ D _____

Circle One: (NEW / RENEWAL)

Have you had a Familiarization Course at this Range? (Yes / No)

Last Name : _____	Birth Date: Y _____ M _____ D _____ Age: _____
First Name : _____	Home Phone : _____
Address : _____	Work Phone : _____
City : _____	Cell Phone : _____
Province : _____	PAL / POL # : _____
Postal Code : _____	PAL Expiry # : _____
Email Addr : _____	

Occupation : _____ Are you a Canadian Citizen? (Yes / No)

Employed By : _____ Wildlife Federation # : _____

List the names & addresses of other Shooting Clubs or organization which you have (or had) a membership with: _____

Have you ever been refused membership by any shooting club or organization? (Yes / No)

If yes, why? _____

What are your reasons for wanting to join the Candle Lake Sportsman's League? _____

Can we contact you for work bees? (Yes / No)

Check the types of shooting that you are interested in:

Pistol []	Rifle []	Plinking []	Black Powder []
Wild West []	Shotgun []	Archery []	Silhouette []

List TWO persons as references (do not include relatives) - include Name, Address & Phone Numbers.

1) _____

2) _____

THE FOLLOWING RELEASE MUST BE SIGNED AND WITNESSED BY ALL APPLICANTS

I hereby release and discharge The Candle Lake Sportsman's League and indemnify it of all actions, claims and demands of every nature and kind whatsoever, or my heirs, executors or administrators may, or can, at any time have against The Candle Lake Sportsman's League for or on account of the loss, damage or injury to me, my person or property whilst on the premises owned, rented, leased or occupied by The Candle Lake Sportsman's League, whether such loss, damage or injury is caused by negligence, default or misconduct of the Candle Lake Sportsman's League, its members or agents, or otherwise however.

I hereby acknowledge having read and agreed to the above conditions, and that all information on this application is accurate and true. Dated this _____ day of _____, 20__ AD.

Signed: _____ Witness: _____
Address: _____

FEEES: SINGLE = \$50 COUPLE/FAMILY = \$60 NFA INSURANCE = \$10 each (x _____ people)

* MEMBERSHIPS EXPIRE MARCH 31st YEARLY

TOTAL ENCLOSED = \$ _____

*****DO NOT WRITE IN THE SPACE BELOW*****

Amount Paid: \$ _____ Paid By: (Cash / Cheque # _____) Date Paid: _____

CLSL Membership # _____ \$10 NFA Remitted: _____ Key Mailed: _____

Recorded By: _____