

Sharon Gun Club Membership Application

Date of Application 	
Surname: _____ Given Names: _____ _____	Street Address & Apt. No. _____ _____ Postal Code: _____ City & Province: _____
Home Tel: _____ Bus Tel: _____ Fax: _____ Email: _____	Citizenship: _____ Birth Date mm/dd/yy : _____ Occupation : _____
PAL : Yes <input type="checkbox"/> No <input type="checkbox"/> PAL Number : _____	Do You Have ATT From Another Club ATT : Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Shooting Clubs you belong to: _____ _____	Firearms Courses you have had: _____ _____
Have you ever been convicted of an offence involving the use of a firearm, or in which violence against another person was used, threatened or attempted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you currently a member of the Canadian Shooting Sports Association? Yes <input type="checkbox"/> No <input type="checkbox"/> Canadian Shooting Sports Association membership is required of all members. If you are not now a CSSA member, application may be made through the club.

Sharon Gun Club Membership Application Continued

LIST 2 PEOPLE AS REFERENCES NOT RELATED TO YOU :

NAME: _____

ADDRESS : _____

PHONE NUMBERS: _____

IS THIS PERSON A MEMBER OF SHARON GUN CLUB: YES NO

NAME: _____

ADDRESS : _____

PHONE NUMBERS: _____

IS THIS PERSON A MEMBER OF SHARON GUN CLUB: YES NO

PRESENT EMPLOYER :

NAME: _____

ADDRESS : _____

PHONE NUMBERS: _____

Check type of membership

Adult \$400.00

Spouse of adult \$100.00

Dependant of adult under 18 \$75.00

Adult over 65 \$200.00

Student 18 yrs to 23 yrs \$250.00

If you are applying for an adult or adult over 65 membership, do you own or are you now purchasing a share in Sharon Recreation Properties Limited? Yes No

If not, please name the shareholder who is allowing you to become a nominee member on an extra share owned by that person and file that person's written authorization along with this application.

I hereby apply for membership in Sharon gun Club and if accepted agree to abide by established club rules and practices. I understand that to provide false information on this application is reason for refusal or revocation of membership.

Signature: _____
APPLICANT

Approved:

Signature: _____

Refused:

BOARD MEMBER

Approved:

Signature: _____

Refused:

BOARD MEMBER

APPLICATION MUST BE APPROVED BY A MINIMUM OF 2 BOARD MEMBERS.