

Border Lane Shooting Association

MEMBERSHIP FORM

MEMBERSHIP NO. _____

Last Name: _____ First Name: _____ Middle _____

Email: _____

Address: _____ APT/UNIT NO. _____

City: _____ Province: _____ Postal Code: _____

Phone: _____

PAL NO. _____ Expiry Date: YR/ _____ MO/ _____ DY/ _____

IF you do not yet have a PAL Birth date is required For insurance purposes. YR/ _____ MO/ _____ DY/ _____

FULL	\$125
PLUS SPOUSE	\$25
PLUS CHILD under 18	\$25

I have read, understand and agree to be bound by the rules and regulations of the shooting Centre. I understand that my membership may be cancelled at any time, without refund, should I breach the rules, regulations or by---laws of the shooting Centre. I understand that there shall be no refunds of any kind, for any reason, on full or partial paid membership. I am a holder of a valid Possession & Acquisition License or I am in the process of application for one. I guarantee by affixing my signature below that I am in good standing in my community, that I am not currently charged with a criminal offence where my Possession & Acquisition License has been revoked, and that no firearms prohibition order exists. I hereby apply to become a probationary member of Border Lane Shooting Association.

Signature: Member: _____ Spouse: _____

Date: _____ Date: _____