

General Membership Application for Individuals and Families

HAY RIVER SHOOTING CLUB

Box 4604
Hay River, NT
X0E 1G2

info@hayrivershootingclub.org



Membership Number	ADMIN	Official Membership Date	Current Executive	
	M D Y		<input type="checkbox"/> President - Pres <input type="checkbox"/> Vice President - Vice-Pres	<input type="checkbox"/> Secretary/Treasurer - Sec/Tres <input type="checkbox"/> Chief Range Officer - CRO

Section-1

- This is a Primary/Main membership** **This is an additional membership** – List Primary/Main member in Section-2 below additional names.
 Adult Membership **Youth Membership**

First Name		MI	Last Name	
Street Address		Mailing Address <input type="checkbox"/> Same as Street Address		
Town/City		Province		Postal Code
Home Phone () -	Cell Phone () -	Work Phone () -	Employer	
Other Phone Contact	Primary email address		Alternate email address	

Section-2

- Type of membership** **Parent, Couple and Family memberships have to include a General Membership Application for each additional member listed below.**
- | | | |
|--|--|---|
| \$25 <input type="checkbox"/> Youth YOUTH MEMBERSHIP "WITHOUT PARENT" , Requires Parent consent form. Please ask for one if including a youth or youths membership form. | <input type="checkbox"/> Additional member names listed below. | <input type="checkbox"/> Additional membership application included. |
| \$70 <input type="checkbox"/> Single Adult | <input type="checkbox"/> Additional member name listed below. | <input type="checkbox"/> Additional membership application included. |
| \$95 <input type="checkbox"/> Parent 1 Adult plus 1-3 Youths, Add \$25 each for youths 2 and 3 | <input type="checkbox"/> Additional member names listed below. | <input type="checkbox"/> Additional membership application included. |
| \$135 <input type="checkbox"/> Couple 2 Adults | Police, Military or any Canadian Public Servant required to be armed for their job. | |
| \$160 <input type="checkbox"/> Family 2 Adults plus 1 Youth, Add \$25 per additional Youth | Awarded - Gifted to Member for life by general membership. | |
| \$55 <input type="checkbox"/> In Service | | |
| <input type="checkbox"/> Life - Honorary Membership | | |

1-FN _____	1-LN _____	2-FN _____	2-LN _____
3-FN _____	3-LN _____	4-FN _____	4-LN _____

"Additional Memberships" Primary/Main Member Name First Name _____ Last Name _____

Section-3

Shooting disciplines - Please check all that apply.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Plinking | <input type="checkbox"/> Target | <input type="checkbox"/> Competition | <input type="checkbox"/> Silhouette |
| <input type="checkbox"/> Bow | <input type="checkbox"/> Crossbow | <input type="checkbox"/> Shotgun | <input type="checkbox"/> Rim-fire Handgun |
| <input type="checkbox"/> Centre-fire Handgun | <input type="checkbox"/> Centre-fire Rifle | <input type="checkbox"/> Centre-fire Magnum Rifle | <input type="checkbox"/> Rim-fire Rifle |
| | | | <input type="checkbox"/> Black-powder Handgun |
| | | | <input type="checkbox"/> Black-powder Rifle |

Section-4

Applicant Personal Information

- PAL - Non-Restricted Possession & Acquisition License** **PRO** Prohibited Possession & Acquisition License
 RPAL - Restricted Possession & Acquisition License

Date of Birth M D Y **License Number**

Section-5

First Aid, type and expiry date

Emergency contact information.

Applicant Signature	Parent/Guardian Signature	M	D	Y
_____	_____	Signature Date		
Emergency Contact - 1	Home Phone	Cell Phone	Work Phone	
_____	() -	() -	() -	
Emergency Contact - 2	Home Phone	Cell Phone	Work Phone	
_____	() -	() -	() -	

Section-6

A reference or sponsor is recommended and will help speed up the application process but is not required.

Reference / Sponsor	Home Phone	Cell Phone	Work Phone
_____	() -	() -	() -

HRSC - Administration

<input type="checkbox"/> Cash <input type="checkbox"/> Other *Ref#: _____	Received Date M D Y	Receipt No. _____
<input type="checkbox"/> Cheque	Amount: _____	Approved by Name _____
		Approved by Signature _____
		M D Y