



Clare Shooting Association
P.O. Box 155, Belliveau Cove
Digby County, N.S.
BOW 1J0

APPLICATION FOR MEMBERSHIP TO CLARE SHOOTING ASSOCIATION

Name: (including middle name): _____

Civic Address: _____

Mailing Address: _____

Date of Birth: (year/month/day) ____/____/____ Telephone Number: (____) ____/____

PAL/POL/FAC # _____ Expiry Date _____

Email address if available: _____

Occupation: _____

Place of Employment: _____

Please list one character reference: (Name) _____

(Address) _____

(Telephone) _____

Previous shooting experience and other gun club membership(s):

I hereby authorize the RCMP to conduct a criminal records information check. I further authorize the RCMP to release such obtained information to the Executives of the Clare Shooting Association. I understand that this information will be used to approve or deny my membership into the Clare Shooting Association.

Date: _____

Signature: _____

Annual Memberships:

Note: Submit amount with application

Adults: \$50.00

Juniors: \$20.00 (until their 18th birthday)

Official Groups: \$100.00

Family Memberships: \$50.00 plus \$25.00 for each additional adult (in the same household) and \$20.00 for each junior member.