

FAMILY MEMBERS

Annapolis Valley Shooting Sports Club

Clubhouse location: 377 White Rock Road Canaan, Kings County Nova Scotia

Mailing Address: P.O. Box 103 Kentville, Nova Scotia B4N 3V9

MEMBERSHIP APPLICATION FORM

Annual Dues (effective 01 June 2017): Family \$200 / Regular \$150 / Junior \$45

All new members are subject to a probationary period. Full membership may be granted only after completion of Club Requirements. Please contact membership@avssc.ca if you have any questions or concerns.

CLEARLY PRINT (Family Member information on back of form)					
FULL NAME:		DATE:			
first middle	e last	dd/mm/yy			
Physical Residence Address:	Mailing Address:	1			
Email Address:	I	Date of Birth:			
Phone Numbers: Home	Work	dd/mm/yy Cell			
POL/PAL #					
Have you ever been a member of this or a		,			
	Date: f				
Location of Club:	t				
Our club consists of 6 sections. Please indicate	ONLY those section(s) you are interes	ted in:			
ARCHERY BLACK POWDER CO		RIFLE SHOTGUN			
THEFILE BETEN TO WEEK CO	West Methors managers	I MI ZZ			
CLUB REQUIREMENTS FOR PROB	ATIONARY MEMBERS				
The probationary period will last until all prob	pationary requirements are met.				
2. Probationary members will be issued a probat	cionary card which must be presented to the	he section head (or designate) at the			
beginning of each orientation or training sessi		4) ((T)			
3. Probationary members must complete one (1) demonstrate safe shooting practices. The prol					
4. Probationary members will be issued a key on					
5. Attendance at club meetings is strongly recom		•			
Our club communicates to its members via	electronic messages. These messages	ges includes club newsletters, range			
losure information, safety information, upon	<u>-</u>	-			
ive permission and express consent for our	r club to contact you via electronic	e messaging?			
-	·				
Yes No (By opting out of electronic m	essages you accept all risk of not receiving im	nportant communications from the club)			
his Application must be accompanied by the mamban	ship annual dues as indicated above. These	a are refundable only if the application is not			
his Application must be accompanied by the members ecepted by a meeting of the general membership. The					
PPLICANT'S SIGNATURE					
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	<u>Internal use only</u>	_			
	App Rec'vd:	Payment: \$ Photo: Y / N			

Includes all those living at the same home address. Exceptions may apply to students studying & living elsewhere temporarily, but consider their home the same as the home address indicated.

INFORMATION:

			Date of Birth	
first	middle	last	do	1 / mm / yy
	POL/PA	AL #	Email:	
first	middle	last	do	l / mm / yy
	POL/PA	AL #	Email:	
			Date of Birth	
first	middle	last	do	l / mm / yy
	POL/PA	AL #	Email:	
			Date of Birth	
first	middle	last		l / mm / yy
	POL/PA	AL #	Email:	
			Date of Birth	
first	middle	last	do	l / mm / yy
	POL/PA	AL #	Email:	
			Date of Birth	
first	middle	last		l / mm / yy
	POL/PA	\L #	Email:	
	first first first	first middle POL/PA first middle POL/PA first middle POL/PA first middle POL/PA first middle POL/PA	first middle last POL/PAL# first middle last POL/PAL#	POL/PAL#