

Discovery Shooting Club

MEMBERSHIP APPLICATION

www.discoverys shootingclub.com

Discovery Shooting Club
P.O. Box 206
Elliston, NL AOC 1N0

(All sections on this form are required unless designated optional)

PLEASE PRINT

New Member _____ Renewal _____

Last Name _____ First Name _____ Middle Name _____
(If applicable)

Date of Birth _____ (and) Firearm's Possession # _____
Year Month Day (If applicable)

Telephone number (____) _____ - _____ E-Mail Address _____
(If applicable)

Mailing Address _____

Town/City _____ Postal Code _____

Annual Membership Fee **\$30.00** Paid [] Yes [] No

Yes, I understand the legal implications of membership with the Discovery Shooting Club and agree to abide by its range operating instructions/safety regulations.

Applicant's Signature _____ Date _____

In addition to my membership fee I am donating the following to support my Club

\$

Renewals only require just your name (PRINTED), signature & date unless any of the above information has changed. If so please add it. **First time members must fill out all sections.**

All members are covered by a public liability insurance policy. Membership fees are due on or before July 31st each year. Please send the completed application with fee enclosed, cheque or money order made out to the Discovery Shooting Club, to the address at the top of this application. *Memberships will only be issued to residents of Newfoundland and Labrador unless there are special circumstances.*

To be filled out by a D.S.C. representative

D.S.C. Membership Card # _____