Discovery Shooting Club

UNDER 18 MEMBERSHIP APPLICATION

www.discoveryshootingclub.com

P.O. Box 206 Elliston, NL AOC 1N0

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

PLEASE PRINT

	First Name	Middle Name	
			(If applicable)
ate of Birth		_ (and) Firearm's Possession # _	
Year	Month Day		(If applicable)
elephone number (E-Mail Address	
			(RECOMMENDED)
Mailing Address			
own/City		Postal Code	·
nnual Membership Fee	e \$30.00 (UNDER 18 <u>ONLY</u>	Paid [] Yes	[] No
	is/safety regulations. I acknowl	ership with the Discovery Shooting C ledge that I must be accompanied by supervision when handling any firear	an adult DSC member "in
ood standing" and be und		Date	
ood standing" and be und specificant's Signature	ian Signature		
ood standing" and be und oplicant's Signature _ Inder 18 Parent/Guard	ian Signature		\$

All members are covered by a public liability insurance policy. Membership year runs May 1st to April 30th (beginning 2024) and fees are due on or before May 1st (beginning 2025) 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. Renewals may be made through a PayPal link on our website or electronic money transfer (EMT) but you must add \$1.50.

To be filled out by a D.S.C. representative D.S.C. Membership Card #