

TOFIELD GUN CLUB and BEAVERHILL RANGERS

MEMBERSHIP FORM

Please read the Indoor and Outdoor range rules before this form is signed and completed. PRINT CLEARLY.

Membership No.: _____

Member Name: _____

Email address: _____

Phone: _____

Mailing address _____

Associate Member Name(s):

New/Renewal Date: _____

Payment method ___ E-transfer (Tofieldgunclub@outlook.com) ___ Cheque ___ Cash

The Tofield Gun Club and Beaverhill Rangers reserves the right to suspend range privileges of any member who violates range rules. These actions may result in expulsion from the Club.

The CFO requires that the club record the Possession and Acquisition License numbers for any members with a **restricted or prohibited license**. If a guest is using a restricted or prohibited firearm; his or her name, address and phone number, the number of his or her licence to possess firearms, if one exists.

PAL _____

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- I acknowledge that I have read and understand the Tofield Gun Club and Beaverhill Rangers' Indoor and Outdoor Range Rules and Regulations, and have completed a range orientation with a Club representative. I pledge to follow these and all other shooting rules and safety procedures while using the Tofield Gun Club and Beaverhill Rangers' facilities.
 - I consent to share contact information and receive emails
 - I consent to the use of my photo by the Tofield gun club
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Member Signature _____