

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)

PLEASE PRINT

New Member _____ Renewal _____

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

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

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

Mailing Address (Not Street Address) _____

Town/City _____ Postal Code _____

Annual Membership Fee **\$40.00** Paid [] Yes [] No

By signing this application, I acknowledge the legal implications of membership with the Discovery Shooting Club. I agree to review and abide by its range operating instructions/safety regulations available on the club website before using the range.

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 year runs May 1st to April 30th, and fees are due on or before May 1st 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 # _____