



WINNIPEG REVOLVER AND PISTOL ASSOCIATION INC.

APPLICATION FOR MEMBERSHIP

PLEASE PRINT LEGIBLY

PAL NUMBER _____ DATE _____

NAME _____ SPOUSE _____

-- OTHER FAMILY MEMBERS - CONTINUE ON REVERSE --

ADDRESS _____ CITY _____ POSTAL _____

EMAIL _____ PHONE _____

EMPLOYED BY _____ TYPE OF WORK _____

REFERENCES AND BACKGROUND

REFERENCE _____ PHONE _____
IF SPONSORED BY A MEMBER, ONLY ONE REQUIRED

REFERENCE _____ PHONE _____

ARE YOU A NOVICE? ☐ YES ☐ NO PREVIOUS CLUB AFFILIATION _____
IF APPLICABLE

DO YOU PRESENTLY OWN A HANDGUN? ☐ YES ☐ NO SPECIFY _____
IF YES

WHAT DO YOU INTEND TO BUY AS YOUR FIRST _____
IF NO

DECLARATION

I, _____, declare that I understand and agree to be bound by the rules and regulations of the Winnipeg Revolver and Pistol Association. I understand that on a regular basis, the Association may need to contact me at the supplied contact information. I understand my membership may be cancelled without refund should I breach the rules, regulations or by-laws of the Association.

SIGNATURE _____

APPROVED BY _____ CHAIRMAN _____

FEE SCHEDULE - CLUB USE ONLY -

Memberships are valid through the calendar year (Jan 1 - Dec 31).

You are required to pay the initiation fee upon joining. If your membership lapses, you are required to pay this fee again.

INITIATION FEE	\$150 ⁰⁰	_____
YEARLY MEMBER FEE	\$250 ⁰⁰	_____
PRO-RATED PARTIAL YEAR	\$21 ⁰⁰	_____
FAMILY MEMBERSHIP		PER MONTH _____
		SECONDARY: \$50 ADDITIONAL: \$10 _____
SUBTTL		_____
GST		_____
TOTAL		_____

OTHER FAMILY MEMBERS (if req'd)

NAME _____ **DoB** _____

RELATIONSHIP _____

NAME _____ **DoB** _____

RELATIONSHIP _____

NAME _____ **DoB** _____

RELATIONSHIP _____

NAME _____ **DoB** _____

RELATIONSHIP _____