



BLUE RIDGE SPORTMEN'S CLUB, INC.

Box 177, Clarksburg, Ontario NOH 1J0

ASSOCIATE MEMBERSHIP APPLICATION



SECTION A PERSONAL INFORMATION

Name: _____
First Middle Surname

Date of Birth: _____ Email Address: _____
Month Day Year

Address: _____
Street City: Postal Code: P.O. Box

Home Phone #: _____ Cell Phone #: _____

SECTION B EMERGENCY CONTACT INFORMATION

First Name: _____ Surname: _____
 Phone #: _____ Relationship: _____

SECTION C ADDITIONAL INFORMATION

Existing OFAH Member? (Ontario Federation of Anglers and Hunters) : Yes No OFAH Membership #: _____

Membership Type (select one): Family Single Junior

Two (2) Pieces of Picture Identification are required for verification (Type & number):

1 _____

2 _____

SECTION D FAMILY MEMBERSHIP DETAILS

1. Name:	<small>First Middle Surname</small>	DOB (d/m/y)	PAL #:
2. Name:	<small>First Middle Surname</small>	DOB (d/m/y)	PAL #:
3. Name:	<small>First Middle Surname</small>	DOB (d/m/y)	PAL #:
4. Name:	<small>First Middle Surname</small>	DOB (d/m/y)	PAL #:

SECTION E REQUIRED FUNCTIONS/SIGNATURES

1. Safety Course	Name	Signature	Date
2. Meeting	Name	Signature	Date
3. Shooting Event	Name	Signature	Date
4. Shooting Event	Name	Signature	Date
5. Sponsor #1	Name	Signature	Date
6. Sponsor #2	Name	Signature	Date



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After you have met the following requirements and obtained sign off of attendance, your application will be presented at the next executive meeting. You cannot have the same person sign in multiple locations.

1. Completed the Club Level Safety Course (all family members over the age of 18)
2. Attend a monthly BRSC meeting
3. Attend 2 of any of the following club activities which includes : Rifle, Pistol, Trap and Sporting Clay
4. Obtain the signatures of 2 members in good standing as sponsors
5. Pay the required Fees
6. Provide a standard Police background check (all family members over the age of 18)

Please note that it is your responsibility to obtain all of the required signatures. Introduce yourself to other members present, you will find that most are willing to help and sign your application after getting to know you. If you have questions, ask to speak to an executive member, we are here to help.

You will be notified of your acceptance or your rejection without explanation. You are encouraged to shoot at the club as a guest during your application period up to 3 times, membership rates will apply. Upon approval, you will have associate rights and be on probation for one (1) year. During this probation period, you will not be assigned the front gate code and can only participate in BRSC activities when full members are on site.

At the end of 1 year as an associate member, you may apply to become a full member. An application with all of the requirements to become a full member must be submitted to the executive with all of the requirements completed.

Annual membership is January 1st to December 31st of the same year. Membership fees are set by the club in October for the next year. A late payment fee of \$20.00 must be added if membership fees have not been paid by April 30th.

Any guests that you bring onto the Blue Ridge Sportsmen's Club property must complete a guest waiver form on their first visit. They must also sign in at each activity on each occurrence. The waiver form along with additional information about the club can be found online at: www.blueridgesc.ca

I, the undersigned make application for associate membership in the Blue Ridge Sportsmen's Club. I have read and fully understand the above and all range safety rules posted at the club. By accepting membership I hereby agree to abide by its Constitution, By-laws, regulations. I agree to follow all safety procedures and rules for the use of all facilities and ranges, and will use them properly and responsibly. I agree that I am responsible for my actions, as well as the actions of my family members and/or guests at all times when on Blue Ridge Property. By the completion of this application form, I attest to the fact that I am not under suspension from the possession and/or use of firearms.

Name	Signature	Date
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Name	Signature	Date
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FOR OFFICE USE ONLY - DO NOT COMPLETE THIS SECTION BELOW

Membership Chair Signature:

President's Signature:

Membership Approval Date:

Membership Number: