

ONOWAY FISH & GAME & GUN ASSOCIATION 2019 Membership Application

Box 69 Onoway, AB T0E 1V0 www.ofga.ca

Please **PRINT** all member information in **LEGIBLE CAPITAL** Letters

New Membership

Rejoining OFGA = Last membership expired in (YYYY)_____

First Member Last Name _____ **First Name:** _____
PAL/POL #: _____ **Date of Birth:** _____
Cel # _____ **Email:** _____

Are you prohibited from the Possession or use of Firearms? **Yes** **No**

Second Member Last Name _____ **First Name:** _____
PAL/POL #: _____ **Date of Birth:** _____
Cel # _____ **Email:** _____

Are you prohibited from the Possession or use of Firearms? **Yes** **No**

Child 1 Last Name _____ **First** _____ **Date of Birth** _____
Child 2: Last Name _____ **First** _____ **Date of Birth** _____
Child 3: Last Name _____ **First** _____ **Date of Birth** _____
Child 4: Last Name _____ **First** _____ **Date of Birth** _____

For additional names, please use the back of the application form

We require BOTH mailing and physical address (Business/Office Address is not acceptable)

Mailing Address: _____ **City** _____
Street/Rural Address: _____ **City** _____
Postal Code _____ **Home Phone:** _____

Membership Fees – 2019 (use drop down menu)

(Family memberships include 2 Adults and children under 18 years residing at the same address)

NEW MEMBERS REFERENCE: Name and phone number (A member of OFGA or other shooting club preferred)

Name _____ **Phone** _____

Shooting Interests: Trap Rifle Handgun Archery

What do you bring to our club? (Shooting Experience, training, volunteering, etc.)

I hereby certify that I will abide by the OFGA Range Rules and will respect the OFGA Ranges and Property

Primary Signed: _____ **Date:** _____
Secondary Signed _____ **Date** _____
Orientation by: _____ **Date** _____

Approved by: _____ (must be initialed by a minimum of 3 current OFGA Executive)

Updated: 24/11/2018