



Onoway & District Fish & Game & Gun Club Membership Form

Box 69 Onoway, AB T0E 1V0 www.ofga.ca email: membership@ofga.ca

Please PRINT or TYPE all information in Legible CAPITAL Letters

Application Type	Membership Year _____
<input type="checkbox"/> Single Fish & Game \$55	<input type="checkbox"/> Family Fish & Game \$65
<input type="checkbox"/> Single with Gun Range \$255	<input type="checkbox"/> Family with Gun Range \$265
<input type="checkbox"/> Single Gun Range with 10 Volunteer Hrs \$130 *	<input type="checkbox"/> Family Gun Range with 10 Volunteer Hrs \$140 *
<input type="checkbox"/> Single Archery Only \$90	<input type="checkbox"/> Family Archery Only \$100

*This option is only available to members who have documented proof of OFGA volunteer hours in the prior year

Membership # _____

List Member with PAL/POL first:

Surname _____ First name: _____

Mailing Address(business/office not acceptable): _____

City _____ Postal Code _____

Physical Address if different: _____

Home Phone _____ Cel Phone _____

PAL/POL # _____ Birthdate (mm/dd/yyyy) _____

Email _____

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

Additional Members (for family membership options):

Partner Surname _____ First name: _____

PAL/POL # _____ Cel Phone: _____

Birthdate _____ Email: _____

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

Children under 18 living with you:

Surname	First	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____

For New Members:

What are your interests?

Rifle Handgun Trap Archery

Shooting Experience: _____

New Members, Please provide a reference (Name & phone number of OFGA or other shooting club preferred):

Reference Name: _____ Reference Phone # _____

I understand that OFGA gun range and property is under 24 hour video surveillance and that videos of me may be used for training and other purposes. I hereby certify that I will abide by the OFGA range rules and will respect all OFGA Property:

Primary Signed _____ Date _____

Secondary Signed _____ Date _____

Office Use:

Payment type

Cash Cheque # E-Transfer Charge Card

New Membership approved by (minimum 3 current OFGA executive initials):
