



# Onoway & District Fish & Game & Gun Club Membership Form

Box 69 Onoway, AB T0E 1V0 [www.ofga.ca](http://www.ofga.ca) email: [membership@ofga.ca](mailto:membership@ofga.ca)

Please PRINT or TYPE all information in Legible CAPITAL Letters

<i>Application Type</i>	<i>Membership Year</i>
Single Fish & Game \$55	Family Fish & Game \$65
Single with Gun Range \$255	Family with Gun Range \$265
Single Gun Range with 10 Volunteer Hrs \$130 *	Family Gun Range with 10 Volunteer Hrs \$140 *
Single Archery Only \$90	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):

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