



Algoma Fish and Game Club

Sault Ste. Marie, ON CANADA

Membership Application

By filling out this application you the applicant consent to follow all bilaws of the Algoma Fish and Game Club (AFGC). Accepted applicants to the Algoma Fish and Game Club will receive a club membership card; which is also your receipt. AFGC memberships correspond with entitlements of an Ontario Federation of Anglers and Hunters (OFAH) membership, such as, club liability insurance coverage, discounts and magazine, etc. *This is not an option unless you are purchasing a AFGC Conservation Supporter Membership where it is not applicable.*

Select Choice:	Membership Type:	Full:	Digital	Current OFAH Member:
<input type="checkbox"/> Option #1	Adult Membership	\$60.00	\$40.00	\$25.00
<input type="checkbox"/> Option #2	Family Membership	\$90.00		\$50.00
<input type="checkbox"/> Option #3	Youth Membership *	\$50.00		
<input type="checkbox"/> Option #4	Youth Membership **	\$25.00		
<input type="checkbox"/> Option #5	Conservation Supporter ***	\$25.00		

* <25 yrs of age.
 ** <25 yrs of age. No magazine.
 *** Supportive Membership of AFGC with **no OFAH affiliation**, nor any AFGC membership privileges.
Options #1, 2, 3 and 4 include insurance for all your hunting and fishing activities. Please keep in mind that if your membership has expired for even one day you are not insured.

PLEASE PRINT CLEARLY AND COMPLETE THE ENTIRE FORM.

NAME: _____ DATE OF BIRTH: MM - DD - YEAR

MAILING ADDRESS: _____

CITY /PROVINCE/POSTAL CODE: _____

PHONE: _____ CELL LANDLINE

EMAIL: _____

OFAH MEMBER NUMBER (if applicable): _____ DATE: MM - DD - YEAR

SIGNATURE: _____ DATE: MM - DD - YEAR

NAMES AND BIRTH DATES OF ADDITIONAL MEMBERS, AND INDICATE IF UNDER 25 YEARS OF AGE:

NAME: _____ D.O.B.: MM - DD - YEAR Under 25

NAME: _____ D.O.B.: MM - DD - YEAR Under 25

NAME: _____ D.O.B.: MM - DD - YEAR Under 25

PAYMENT MADE BY: CASH CHEQUE ETRANSFER - CONFIRMATION #: _____

FOR OFFICE USE ONLY:	AFGC #: _____
AMOUNT DUE: \$ _____ AMOUNT PAID: \$ _____	RECEIVED BY: _____
TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE - CHEQUE #: _____	DATE RECEIVED: _____
<input type="checkbox"/> ETRANSFER - CONFIRMATION #: _____	<u>MM</u> - <u>DD</u> - <u>YEAR</u>