## MEMBERSHIP APPLICATION/RENEWAL RECORD

□ New Membership Application		☐ Membership Renewal
Date		<b>AFGC</b> #
Name – Primary Member		
Spouse:		
Mailing Address		
City	Prov	Postal Code
Phone	Email: ***	
Date of Birth***		
Family (a couple or parents & child	lren 18 & under): \$145.00	Regular (19-65) \$135.00
Senior (65 & over) \$125.00 Ju	<b>unior</b> (under 19) \$20.00 _	
3.		Age Date of Birth
Authorization to Transport Pe		
This information is required by the Fedo known that this info will only be forwa		you have restricted/prohibited firearms. Be interested the regulations, if requested.
Last Name First	t Name Intl Date	of Birth (m/d/year) PAL#
I am interested in the following: Rifle	_	·
I am willing to assist the Club in the fol	llowing manner: Work Partic	esCommittee Member
Date	Signature	
If under 19: Parent/Guardian Signat	ture	
Mail to: Alberni Fish & Gai	me Club PO Box 118	8 Port Alberni, BC V9Y 7M1