

THESSALON and AREA ROD and GUN CLUB

FAMILY MEMBERSHIP APPLICATION FORM

53 Ansonia Road, Thessalon, Ontario, Canada, P0R 1L0

Complete this Application Form and return it to the Membership Chairperson at a Club Meeting.

Type of Membership – Renewal () New Members ()

Family membership adult dues are \$100.00, + \$30.00 each for spouse, or children up to 17 years old (Family membership allows one vote by one adult). Note: All new members will be required to add an additional fee of \$30.00 each to cover the cost of the safety orientation overview and \$20.00 each for the restricted access (if required) at the club. (All membership and training fees are non-refundable)

New Adult Members Only: will be charged prorated dues if joining after June of the fiscal year (July/ Aug \$70.00, Sept \$60.00).

All applications received after Sept. 30 will be processed for the upcoming year.

NAME (please print) _____ Membership # _____

Address (Street and/or Box Number) _____

Town _____ Postal Code _____

Phone (____) _____ Date of Birth (Y ____ M ____ D ____)

E-MAIL ADDRESS _____

ADDITIONAL FAMILY MEMBERS: please print their name(s) below. If more space is needed, please use the backside of this form.

Spouse: _____ M.S # _____ Date of Birth (Y ____ M ____ D ____)

Children _____ M.S # _____ Date of Birth (Y ____ M ____ D ____)

Total Dues ADULT DUES \$ + SPOUSE \$ _____ + CHILDREN \$ _____ = _____

Conditions For Membership

You shall read and understand all the Club and Range Rules, the Constitution and Bylaws, and accept all these conditions for membership. Documents available at www.thessalongunclub.com/documents.html

TO BE A CLUB MEMBER YOU MUST NOT BE UNDER ANY FIREARM PROHIBITION ORDERS

Do you have a valid FIREARMS LICENCE ? Yes _____ No _____

If yes provide # _____ . _____ and date it expires on, (Y ____ M ____ D ____)

If yes provide # _____ . _____ and date it expires on, (Y ____ M ____ D ____)

Please sign below that you have read, understand and agree with all the above conditions and certify you are not under a firearm prohibition order

Your signature: _____ Date: _____

Club Originated 1957 Incorporated 1985 Club Goals- Conservation & Safety

Chief Firearm Office Ontario Approved Ranges Revised Sept 2022

ADDITIONAL FAMILY MEMBERS: please print their information below.

Children _____ M.S # _____ Date of Birth (Y ____ M ____ D ____)
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Thank you for choosing the Thessalon and Area Rod and Gun Club (hereinafter referred to as the TAR&GC). We request your understanding and cooperation in maintaining both your and our health and safety by reading and understanding the following.

In order to participate in the Thessalon and Area Rod and Gun Club activities I acknowledge the following.

- I have read and understand all the TAR&GC Policies and agree to abide by these rules at all times. (See TAR&GC website <http://www.thessalongunclub.com>)
- I certify that I am physically able and have not been advised against participation in these types of activities by a health professional. I hereby authorize emergency medical treatment in the event of injury or illness.
- I understand it is my responsibility to act in a safe manner while participating in TAR&GC activities at all times. I accept that Range Safety Officers have the authority to immediately suspend my activity for any breach or suspected breach of any TAR&GC rule or regulation.
- I agree that, prior to participating in these activities, I will inspect facilities and equipment and, if I believe any are unsafe, I will immediately advise the Range Safety Officer on duty.
- I am fully aware that there may be risks.
- I understand that I must inform the TAR&GC immediately in the event that my firearms license is revoked or that I become the subject of a prohibition order or similar change in status that effects my ability to legally acquire, possess or be in close contact with firearms or ammunition. I understand that my membership privileges will be immediately suspended
- I understand that TAR&GC will keep my personal information confidential and will only disclose said information if legally required to do so. I understand and accept that the TAR&GC will use this information to improve the services that I receive.

In signing your membership application, you declare that you have read and understood the contents listed above.

Your Signature: _____ Date: _____

