MEMBERSHIP FORM

OLDMAN RIVER GUN CLUB

МЕМВЕ	ERSHIP TYPE
Please complete the following fields to become a member of the Oldman River Gun Club or to renew your membership. Once completed please email form to oldmanrivergunclub@gmail.com.	
(THIS FORM WHEN COMPLETED IS SECURE, NOT STORED ON THIS WEBSITE, BUT SENT TO OUR CLUB EMAIL FOR PROCESSING: oldmanrivergunclub@gmail.com)	
Membership	Type: ADULT FAMILY & FAMILY YOUTH (17 & UNDER)
	GROUP MEMBER REQUESTING CALL BACK ABOUT A MEMBERSHIP
PERSO	NAL INFORMATION
Last Name	:
First Name (S)	:
Full Address	
PAL#	: Postcode :
Phone #	: City :
E-Mail	
You will receiv	ve a square invoice that can be paid wtih debit, visa or mastercard. Your member cards will be mailed to you and the gate code texted or emailed to you.
	Applicants Name :