## Nelson District Rod & Gun Club - PO box 16, Nelson, BC V1L 5P7

Γ

## Form B – for use by new members or those returning to the club

## Please fill in all applicable fields, if filling form by hand please print clearly.

|   |  |                                     |                         | Dat                         | e:                   |
|---|--|-------------------------------------|-------------------------|-----------------------------|----------------------|
| Primary Member  |  |                                     | -                       |                             | L                    |
| Last Name:  |  |                                     | First Name:             |                             |                      |
| Mailing Address: (Stree   | et, PO box, Apart                                    | ment)                               |                         |                             |                      |
| City or Town:   |  |                                     |                         | Province or Terri           | itory:               |
| Postal Code:  | Home Pho   | one:                                |                         | Cell Phone:                 |                      |
| E-mail:   |  |                                     |                         |                             |                      |
| BC Wildlife Federation #  |  |                                     |                         | date of birth               |                      |
| Social Gaming   |  | Conservation                        | on 🗆 A'                 | TV 🗌 Hun<br>olunteer 🗌 Hiki | 0 0                  |
| Outdoor Range key 1   | No OYes O  | If yes please p                     | rovide you fi           | rearms license nu           | mber and expiry date |
| Firearms License #  |  |                                     | Date                    | of Expiry(MM/Y              | YY):                 |
| Membership:   | O New  | O Returning                         |                         |                             |                      |
| <b>Type of membership</b><br>O Individual \$95 – pr<br>O Family \$130 – Con<br>O Senior \$95- proceed | roceed to waive<br>nplete section<br>d to waiver, th | (a), then proceed<br>en method of p | ed to waiver,<br>ayment | then to method o            |                      |

O Junior 40 - (17 and under) parent must complete section (b) then proceed to waiver, then method of payment

Family memberships cover children age 5-17 and spouse or partner only

## (a) Names of Family members:

| Spouse or Partner(must occupy same residence):                   |     |    |  |     |  |  |
|--|-----|----|--|-----|--|--|
| Children: list children between ages of 5 and 17, including age. |     |    |  |     |  |  |
| 1.   | age | 2. |  | age |  |  |
| 3.   | age | 4. |  | age |  |  |

|--|

#### (b) Junior - one who joins the club as an individual

| Name of Parent or G                                    | uardian     |                        |  |  |  |  |
|--|-------------|------------------------|--|--|--|--|
| Contact information (if different than provided above) |             |                        |  |  |  |  |
| Mailing Address: (Street, PO box, Apartment)           |             |                        |  |  |  |  |
| City or Town:  |             | Province or Territory: |  |  |  |  |
| Postal Code:   | Home Phone: | Cell Phone:            |  |  |  |  |
| E-mail:  |             |                        |  |  |  |  |

#### Waiver

Note: It is a requirement of the club that all applicants – new or returning must sign the waiver before membership can be accepted.

If a junior member is joining, the waiver must be completed and signed by the parent or guardian.

#### Please ensure that the completed Waiver is attached to the application.

#### **Payment Information**

Membership Type Individual \$95 O Family \$130 O Senior \$95 O Junior \$40 O

| <b>Donation:</b> \$  | None: O One time: O Yearly: O |                   |            |                    |   |  |
|--|-------------------------------|-------------------|------------|--------------------|---|--|
| Please indicate if donation is one time only or if this is a yearly donation |                               |                   |            |                    |   |  |
| Method of pa   | yment: Cash O                 | Cheque O Visa O   | Mastercard | O E-transfer O     |   |  |
| Credit Card #  | <u>t</u>                      |                   |            | Expiry date MM/YY: | : |  |
| Security Cod   | e (3 digit number             | on back of card): |            |                    |   |  |

If you want to have an automatic dues reduction made from your credit card EACH YEAR please check box: 
and sign name:

Send E-transfers to membership@nrgcbc.ca

If you have not provided sufficient information, or used the wrong form, your application will be rejected.

# Membership runs January to December of each year and is not activated UNTIL you receive your membership card(s) – simply paying the fee does not activate your membership.