



Metro Rifle & Pistol Club Membership Application

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Street / PO Box: _____

City / Community: _____ Province: _____

Postal Code: _____

Phone #: _____

Email Address: _____

(R)PAL Number: _____ Expiry: _____

I hereby certify that I have read and understand the safety / range rules and the information provided above is correct. In case any of the above information is found to be false or untrue or misleading, my membership can be revoked and any false statement can result in other penalties as may be prescribed by law.

Applicant's Signature: _____ Date: _____

Club Executive Name: _____ Initials: _____

Date Received: _____ Receipt #: _____

Date Issued: _____