



Membership Application

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Street Address: _____

PO Box (if applicable): _____

City/Community: _____

Province: _____

Postal Code: _____

Contact Number(s): _____

Email Address: _____

PAL/POL Number: _____

PAL/POL Expiry: _____

Club Executive Name: _____ Initials _____

Date Received: _____

Receipt Number: _____ Date Issued: _____

Metro Rifle & Pistol Club: **PO Box 521 Sydney NS B1P 6H4**