

TRAILS END MEMBERSHIP APPLICATION

(PLEASE PRINT)

Name: _____

Address: _____

City: _____ P.C. _____

Telephone Home: (_____) _____ Work: (_____) _____

Email: _____

Firearms Licence #: _____ Expiry Date: _____

Occupation: _____

Years you have been shooting: Muzzleloaders _____ Cartridge _____ Archery _____

Favourite type of shooting: Trap Pistol O.H Rifle Primitive Benchrest

Buffalo Musket Other (specify) _____

References:

(1) _____ Phone _____

(2) _____ Phone _____

Have you ever held a membership in Trails End Muzzleloaders? Yes No

Do you currently hold a valid handgun carrying permit? Yes No

Type of membership you are applying for:

Single (\$200.00) Family (\$225.00 - includes spouse and children under 18 yrs)

If family membership, list all members of your family covered by your membership:

Spouse: _____

Children under 18

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Date of Application: _____

I hereby of my own free will, absolve, release, and hold free of any responsibility whatsoever, the Trails End Muzzleloading Club or any officer thereof, from any injury or accident occurring to my person, or property, or family while engaged in any activity whatsoever while on the grounds of Trails End Range, and forfeit herewith any claim for damages to me by any accident on said range.

Signature: _____

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