



Alliston & District Sportsmen's Club Membership Application Form www.adsc.info

Surname		Given Name:	Date of birth:
Street:	City:	Province:	Postal Code:
Resident phone#	Business phone#	Email:	
Spouse's Name:	Children's Name:		
Employer:	Address:		
Occupation:	Have you belonged to a club before?	Yes <input type="radio"/>	No <input type="radio"/>
If yes list name and duration, indicate if you are active:			
Valid PAL: R <input type="radio"/> #			
Valid PAL: NR <input type="radio"/> #	Hunter course: Yes <input type="radio"/> No <input type="radio"/>	Firearms course: Yes <input type="radio"/> No <input type="radio"/>	
If accepted what are your primary interest	Handgun <input type="radio"/>	Rifle <input type="radio"/>	Shotgun <input type="radio"/> Other <input type="radio"/>
Would you require instruction in any of the above disciplines?	Yes <input type="radio"/> No <input type="radio"/>	If yes which one?	
Provide the names of one current members who will sponsor you	Name:	Phone#	
If none enter none			
<p>I hereby apply for membership in the Alliston & District Sportsmen's Club and if accepted, do hereby consent and agree to abide by all rules and regulations of said club and to at all time, exercise due care and precaution while handling firearms on club's property. In the event of any accident or injury to myself on or at the club grounds, or any events organized by the club. I do hereby waive and release from any claims for damages or compensation that I or any members of my family might have against the Alliston & District Sportsmen's Club or the executive thereof. I likewise agree and consent that as a result of failure on my part to abide by the rules and regulations of the Alliston & District Sportsmen's Club, I may be denied membership at the discretion or the Board of Directors without legal recourse. Six (6) hours of volunteer work must be completed per year. If you have a disability as recognized under the Ontario Human Rights Code, this requirement will be waived or an accommodation will be provided, upon request feel free to contact (membership@adsc.info) your request will be considered. Alliston & District Sportsmen's club reserves the right to conduct a full investigation of each applicant which may lead to membership refusal.</p>			
Have you answered all the questions?			
Signature of applicant:	Witness:	Date:	
For club use: Payment received	Application Approved	Yes	No Date:
<u>Interviewing directors</u>			
Signature	Signature	Signature	
Print name:	Print name:	Print name:	
THANKS FOR YOUR INTEREST, YOUR APPLICATION WILL BE PROCESSED AND YOU WILL BE CONTACTED			

