

# Okotoks Rifle & Pistol Club (ORPC)

P.O. Box 273  
Okotoks, Alberta T1S 1A5  
(403) 938-6510

## 2016-2017 MEMBERSHIP RENEWAL NOTICE

Your current ORPC membership expires on June 30, 2016.

**Please complete and return this Membership Application form with your payment.** Renewals with post-dated cheques will not be processed until the cheque can be deposited. Note: \$45 bank service charge for NSF cheques.

**Please include a clear colour photocopy of your Firearms Licence (PAL).** Your application will be kept strictly confidential. ORPC membership records can be requested and provided to the CFO and/or RCMP.

**MEMBERSHIP RATES  
2016 - 2017**

<b>Adult</b>	<b>\$200</b>
<b>Family*</b>	<b>\$250</b>
<b>Junior</b>	<b>\$10</b>

\*Family Membership includes individual, spouse and dependent children (children less than 18 and living at home).

**PLEASE PRINT** (unreadable forms will not be processed):

**Name:** \_\_\_\_\_ **Date of Birth:** dd / mm / yyyy **PAL #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone (Home):** \_\_\_\_\_ **(Cell/Work):** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Family Membership (if applicable):**

**Partner/Spouse:** \_\_\_\_\_ **Date of Birth:** dd / mm / yyyy **PAL #:** \_\_\_\_\_

**Child:** \_\_\_\_\_ **Date of Birth:** dd / mm / yyyy

**Child:** \_\_\_\_\_ **Date of Birth:** dd / mm / yyyy

**Child:** \_\_\_\_\_ **Date of Birth:** dd / mm / yyyy

**Current Membership Number:** \_\_\_\_\_

*I agree by my(our) signature(s) below, to abide by the Range Rules and conditions of Okotoks Rifle and Pistol Club and understand that failure to do so may result in the cancellation of my membership.*

**Signature(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2016-2017 memberships will expire on June 30, 2017.**

By checking this box, I hereby **CONSENT** to receiving electronic (e-mail) messages from ORPC regarding business related to the club, including renewal notices. I can withdraw my consent at any time.

Office Use Only:

Date Processed:

Membership No:

Paid by cash or cheque:

Receipt Number: