



# ST. THOMAS GUN CLUB SINCE-1914

## Membership Application

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PAL# \_\_\_\_\_

**MEMBERSHIPS EXPIRE ONE YEAR FROM DATE OF JOINING**

CLUB YEARLY MEMBERSHIP:

Single \$225 (no volunteer hours worked at club)	\$ _____
Single \$175 (with 8 volunteer hours from prior year)	\$ _____
Family (+\$25 per additional family member in same household)	\$ _____
Junior \$100 (no volunteer hours worked at club)	\$ _____
Junior \$50 (UNDER 18) (with 8 volunteer hours in prior year)	\$ _____

<u>OFAH MEMBERSHIP</u>	Single \$ 47.00	\$ _____
	Junior \$ 42.00	\$ _____
	Junior (no magazine) \$ 22.00	\$ _____
	Family \$ 59.00	\$ _____

Total \$ \_\_\_\_\_

OFAH Membership # \_\_\_\_\_ Expiry date: \_\_\_\_\_

Family Member Name, P.A.L. # & expiry date: \_\_\_\_\_

EMAIL \_\_\_\_\_

Family Member Name, P.A.L. # & expiry date: \_\_\_\_\_

EMAIL \_\_\_\_\_

Family Member Name, P.A.L # & expiry date: \_\_\_\_\_

Member's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**CASH, E-TRANSFER [stthomasgunclub@gmail.com](mailto:stthomasgunclub@gmail.com) DEBIT and CREDIT CARDS ACCEPTED**

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(OFFICE USE ONLY) MEMBERSHIP # \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

Authorized By \_\_\_\_\_