

**CAPE NOVA RIFLE & REVOLVER CLUB MEMBERSHIP APPLICATION**

FULL NAME:----- DOB --/--/--

HOME ADDRESS:----- ( include civic # )

----- PHONE: -----

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E-MAIL ADDRESS -----

OCCUPATION: ----- PHONE: -----

FIREARMS LICENSE # & EXPIRY DATE: -----

SHOOTING INTERESTS: -----

-----

OTHER GUN CLUB MEMBERSHIPS: -----

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APPLICANT'S SIGNATURE: ----- DATE: -----

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OFFICE USE ONLY: TYPE OF MEMBERSHIP GRANTED: M ( ) A/M ( )

H/M ( )

MEMBERSHIP PAID:	YEAR:	14/15
		15/16
		16/17
		17/18