



Claybird Gun Club  
MEMBERSHIP APPLICATION

22403 Adelaide Rd., Mount Brydges, Ont. N0L-1W0

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone# \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type of Range Preferred: Trap \_\_\_\_\_ Skeet \_\_\_\_\_ Handgun \_\_\_\_\_ Rifle \_\_\_\_\_

Type of Membership: Single \_\_\_\_\_ Family \_\_\_\_\_

If Family, List Names \_\_\_\_\_

How Did You Lean About the Club? \_\_\_\_\_

PAL/RPAL # or Equivalent: \_\_\_\_\_

Prior to the approval of this application, I hereby authorize the Claybird Gun Club to make an investigation, with the assistance of the local Law Enforcement Agency, of their records or other investigation as may be deemed appropriate. If you do qualify for membership the secretary of the Claybird Gun Club will notify you. Failure to submit correct information will lead to immediate disqualification of membership.

I understand that by receiving and accepting membership in the Claybird Gun Club, I will not hold the Club responsible for any damages or accidental injuries incurred to my property or myself while on Club premises.

I promise to abide by the rules and regulations of the Claybird Gun Club and will follow the rules of safety and good sportsmanship at all times.

Sponsored by (Optional): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Application Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Membership Accepted: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Director: \_\_\_\_\_

Signature of Director: \_\_\_\_\_