



# BROCKVILLE DISTRICT FISH & GAME CLUB

P.O. Box 1653, Brockville, Ontario K6V 6E6  
<http://www.bdfgc.ca/> info@bdfgc.ca

## Membership Application

(Mail the completed application to the address above.)

(For Membership Fee Schedule see the web page or contact the club.)

**(Note: New Member Initiation and OFAH Liability Insurance Fees Generally Apply!)**

(Please Check/Select one of the Following:)

Senior (Adult) Member: \_\_\_\_\_

Family Plan: \_\_\_\_\_\*

Associate Member: \_\_\_\_\_  
(30+ miles from the club)

Intermediate (Junior) Member: \_\_\_\_\_  
(Must be supervised by an Adult Member at all times when handling firearms.)

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

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Sponsors: 1) \_\_\_\_\_

2) \_\_\_\_\_

(Must be Club Members in Good Standing!)

Please Provide (Optional) POL/PAL/FAC #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Please Provide OFAH Membership #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

I am interested in (circle all that apply): Archery Blackpowder/MuzzleLoading Fishing Handgun IPSC Rifle Trap

I have successfully completed a Canadian Firearms Safety Course:	YES	NO
I have successfully completed a Canadian Restricted Firearms Safety Course:	YES	NO
I have successfully completed an IPSC Black Badge Course:	YES	NO
I have successfully completed a (Club Sponsored) Handgun Safety Course:	YES	NO
I may be called upon to help with Work Days and Events:	YES	NO

I hereby make application for membership in the Brockville District Fish and Game Club Incorporated. I have NOT been convicted of any infractions of the Fish and Game Act within ONE YEAR PREVIOUS to the date of this application, and have never been convicted of an offense involving firearms. I will do all in my power to further the aims of the Club and assist in all efforts for the Conservation of our renewable natural resources.

Witness my hand this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_.

Witness Signature: \_\_\_\_\_ (Please Print) \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

\*Family Plan – Please List Members: 1) \_\_\_\_\_, 2) \_\_\_\_\_,

3) \_\_\_\_\_, 4) \_\_\_\_\_, 5) \_\_\_\_\_

(For Office use Only Below This Line!)

Date Received: \_\_\_\_\_ Date Accepted/Rejected: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Cheque No: \_\_\_\_\_

Card No Issued: \_\_\_\_\_