



WILD ROSE ACTION SHOOTERS

www.wrasalberta.com

MEMBERSHIP APPLICATION for the calendar year _____

PRINT Name: _____ Application Date: _____ (mm/dd/yr)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home Phone #: _____ Cell Phone #: _____

Fax #: _____ E-mail: _____

FAC#: _____ or if no PAL #, then DOB: _____
(Required by law) (Date of Birth)

Circle as applicable: IPSC Black Badge - IPSC RO - IPSC CRO - IDPA SO - Other: _____

Spruce Grove Gun Club membership # if applicable: _____ Fee amount enclosed: \$ _____

Please make your cheque payable to "WRAS". If mailing, please send payment with completed application to:

WRAS, Attention: Christalene Lay, Site 501 Box 51 RR 5, Stony Plain, Alberta, T7Z 1X5

Release Form

I understand that shooting activities involve certain dangers and risks and hereby agree to assume such risks which may result from my involvement with the shooting matches and other activities organized and operated by the Wild Rose Action Shooters Club of Alberta at any time.

I release, save and hold harmless the Wild Rose Action Shooters Club, its members, officers and agents from any and all liability for any personal injury, property damage or loss that I may suffer as a result of my attendance or participation in any shooting matches and activities for any cause.

I understand and accept that Wild Rose Action Shooters Club keeps all of the above information private and does not release it to any third party at any time.

PRINT Name : _____ Signature: _____

Dated this date _____ (mm/dd/yr) in the city / town of _____
in the province of Alberta.

-----For Office Use Only-----

Form of payment: _____ Payment received by: _____ Received on: _____

(Circle one) Repeat or New Member Membership #: _____