



WILD ROSE ACTION SHOOTERS (WRAS)

2010 MEMBERSHIP APPLICATION

www.wrasalberta.com

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

Address: _____

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

Home Phone #: _____ Cell Phone #: _____

Fax #: _____ E-mail: _____

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

Circle One: Black Badge / RO / CRO

Spruce Grove Gun Club membership number if applicable: _____

Fee amount enclosed: \$ _____

Please make cheque payable to "WRAS" and mail it 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 risk 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 Shooting Club of Alberta from January 01, 2010, to December 31, 2010.

I release the Wild Action Shooting 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 participation in any such 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.

Name (PRINT): _____ Signature: _____

Dated this date _____ in the city / town of _____ in the province of Alberta.

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

Form of payment: _____ Fee paid: _____ Payment received by: _____

(circle one) Repeat or New Member Membership #: _____ Fac#: _____