



WHITEHORSE RIFLE & PISTOL CLUB
 BOX 30078
 WHITEHORSE YUKON Y1A 5M2

www.wrpc.ca

secretary@wrpc.ca

MEMBERSHIP YEAR
 APRIL 1ST TO MARCH 31ST
 MEMBERSHIP EXPIRES
 MARCH 31ST EVERY YEAR

The Canadian Firearms Act, Shooting Ranges and Clubs Regulations, requires collection of specific personal information. Processing of membership will be delayed if information is missing. Print your information clearly. Use your name as printed on your PAL/RPAL and indicate class of firearms license.

INDIVIDUAL Membership <i>Primary member 18 years of age and older with valid PAL/RPAL.</i>	Primary Member Name		
DATE OF BIRTH (yyyy/mm/dd)	Mailing Address		
PAL NUMBER	City	Province	Postal Code
PAL EXPIRY DATE	Phone #	Email	
PAL CLASSIFICATION <input type="checkbox"/> PAL <input type="checkbox"/> RPAL	DATE OF APPLICATION – YYYY/MM/DD	WRPC MEMBER NUMBER	

I agree to abide by the Constitution, By-Laws, and Regulations of the Whitehorse Rifle & Pistol Club, to follow all range safety rules and to ensure my associate members and guests also abide by all these expectations. I acknowledge that my information is gathered in accordance with the Canadian Firearms Act and Regulations.

Signature Primary Member _____

New members are required to participate in a range orientation prior to using the range.

DUAL Membership <i>Primary Member plus spouse OR one dependent under 19 years of age living in the same household. Include PAL number</i>			
Relationship to Primary Member (Associate Member) <input type="checkbox"/> SPOUSE or <input type="checkbox"/> DEPENDENT	Associate Member Name		
DATE OF BIRTH (yyyy/mm/dd)	PAL NUMBER	PAL EXPIRY DATE	PAL CLASSIFICATION <input type="checkbox"/> PAL <input type="checkbox"/> RPAL
FAMILY Membership <i>Primary Member plus spouse, as named above, plus a maximum of two dependents living in the same household</i>			
<input type="checkbox"/> DEPENDENT (aged 10 - 19 years of age living in the same household)	Associate Member Name		DATE OF BIRTH (yyyy/mm/dd)
<input type="checkbox"/> DEPENDENT (aged 10 - 19 years of age living in the same household)	Associate Member Name		DATE OF BIRTH (yyyy/mm/dd)
YOUTH Membership <i>Age 10 to 18 years of age with written consent from parent or guardian.</i>	Youth Member Name		DATE OF BIRTH (yyyy/mm/dd)
<input type="checkbox"/> CONSENT FOR YOUTH MEMBERSHIP Signature Parent/Legal Guardian.		X	

Member Fees (select one)	<input type="checkbox"/> INDIVIDUAL - \$100	<input type="checkbox"/> DUAL - \$110	<input type="checkbox"/> FAMILY \$125	<input type="checkbox"/> YOUTH \$27.50
Payment Methods	<input type="checkbox"/> Cheque	Mail to: Whitehorse Rifle & Pistol Club, Box 30078, Whitehorse Yukon Y1A 5M2		
	<input type="checkbox"/> Credit Card			
Email the completed form to secretary@wrpc.ca . Include credit card payment details, and your signature.				
CREDIT CARD #	- - -	EXP DATE	/	CVD #
X Signature required if paying by credit card X				

OFFICE USE: Payment rec'd : <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> TSG <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card AMT: \$ _____
<input type="checkbox"/> Gate Key Returned <input type="checkbox"/> New Gate Key Issued # _____ Member # Verified <input type="checkbox"/> or NEW Member _____