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Labrador Trap & Skeet Club
PO Box 28, Labrador City, Labrador A2V 2K3
Membership Application Form

Name: _____ Phone #: _____
(Please Print Clearly)

Mailing Address: _____

(Please include your PO Box if applicable as well as your Street Address & Postal Code)

Date Of Birth: _____ PAL/ RPAL # : _____
(Please include expiry date)

Range Officer: () Yes () No E-mail Address: _____

Type Of Membership Requested: () Regular \$ 100 () Family \$ 100 () Youth \$ 80 () Senior \$ 50

Multi-Year Membership: () 1 Yr () 2 Yr () 3 Yr () 4 Yr () 5 Yr

Please list any additional members that will shoot under YOUR membership if you are buying a Family Membership. *(Please note that a Family Membership covers your common law spouse and any children up to and including age 17 living in your household.)*

I have read and understood the Range Operating Instructions that have been given to me upon my application for membership. I agree to save harmless and keep indemnified the Labrador Trap & Skeet Club and their respective officials, servants and representatives from and against all actions, claims, costs and expenses or demands with respect to injury, loss or damage to my person or property howsoever caused arising out of, or in connection with, my taking part in or witnessing of any of the Labrador Trap & Skeet Club's activities. I agree to volunteer when needed and aid in fundraising when called upon as a condition of my membership. I will abide by the Safety Rules of the Club and understand my membership privileges will be cancelled upon disorderly conduct or failing to observe Club courtesy.

Signature

Date

Range Officer: _____
(Sign, Print & Date)