

Battlefords Gun Club Inc.
PO Box 126
Battleford, Sk.
S0M 0E0



I _____ (please print clearly) I agree to follow the rules of the Battlefords Gun Club Inc. I also agree to follow the instructions of the **RANGE SAFETY OFFICER** as described in the rules, and to handle all firearms in a safe manner while using the range at the Battlefords Gun Club Inc. I acknowledge that I have read the Range safety Rules and received a copy.

Signature: _____

Mailing Address: _____

City/Town: _____

Postal Code: _____

Phone Number: _____
(Mobile number please)

E-mail Address: _____

Firearms Licence: _____

Regular	<input type="checkbox"/>	Senior	<input type="checkbox"/>	Associate	<input type="checkbox"/>	New	<input type="checkbox"/>
Cash	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Member #	<input type="checkbox"/>	Amount	\$

Place checkmark in appropriate box.

Date: _____

Membership is a privilege which can be revoked for violation of the rules, violation of the rules may result in charges being laid by the R.C.M.P.

Land Location is SW 23-43-17 W3rd

Battlefords Gun Club Inc.