ALBERTA HANDGUN ASSOCIATION

MEMBERSHIP APPLICATION
(Please Print)

Surname: _____ Given Names:_____

Mailing Address: _____

City: _____ Province: _____P/C: _____

Phone: _____

E-mail address: _____

Membership Fee for 2016 Adult $35.00 ☐ Junior $30.00 ☐

Is this a NEW membership ☐ or a RENEWAL ☐

Are you under age 18? If so, provide date of birth _____ ____ ____
Year Month Day

Your membership is valid from January 1 to December 31 in the calendar year and includes insurance through SFC.

New applicants: complete entire form and return with payment.
Renewals: update personal information and return with payment.

If you have already renewed your membership, please pass this form to a friend or fellow shooter.

Cheques payable to: ALBERTA HANDGUN ASSOCIATION
Mail completed form & payment to: AHA c/o CRPC
1910 - 39 Avenue N.E.
Calgary, Alberta T2E 7Y9

MEMBERSHIP IS COMPULSORY FOR COACHES AND OFFICIALS

For general information, please provide shooting disciplines you usually compete in and your classification:

_____

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