

## **Membership Application Form**

"Silver Willow" in this document means Silver Willow Pheasant Farm LTD. Don Day, Gwen Day and Josh Day

#### **NOTES FOR APPLICANTS**

**Please read this form carefully** – especially the declaration that **all applicants** are required to sign.

<u>Annual membership is due on March 1st</u> of each year which will be processed via an online automatic renewal within ATB/Elavon system. An application fee will be charged on all new membership.

An orientation will be provided for each new membership.

It is the responsibility of all member(s) to keep Silver Willow updated in the event of any change in circumstance that may affect membership in the Club, like the loss of your PAL license, or being prohibited from possessing firearms because of a criminal conviction which would then invalidate your membership. Membership could be canceled with no refund, if the club owner deems your activity to be unsafe or un-sportsman like.

Please notify us of any change of email address or contact details and credit card changes for the annual membership renewal.

Silver Willow reserves the right to alter the fee and or membership regulations and conditions without notice. All memberships are for the sole use of the member(s) named and cannot be transferred, exchanged, or shared under any circumstances.

In the event of withdrawal by the applicant(s) or termination of the membership by the Club, no part of any fee is refundable.

Acceptance of this application does not guarantee that membership in the club will be granted.

Silver Willow at it's sole discretion reserves the right to accept or deny membership.

Please deliver signed application forms together with the application fee and a photocopy of your PAL license (front and back) to:

Silver Willow Sporting Club 30133 Rg Rd 20, Mountain View County 403-337-2490

# Membership Application Form (Page 2)

DETAILS OF APPLICANT
Full Name: Club Membership Number:
Title: Mr Mrs Ms Miss Date of birth:
Address: Place of birth:
Citizen of:
Postal code:
Tel. No: Cell No:
Email Address:
You give us express permission to send our monthly e-Newsletter - YES $\square$
PAL # Expiry date: /
List any additional firearms training
I'm a member in good standing of: CNSCA NSCA ASCA ASCA
TYPE OF MEMBERSHIP APPLYING FOR
Individual
Couple
New Application and Lapsed Renewal Fee: \$ 25.00 plus GST Visa MC Debit Cash Cheque
DETAILS OF SPOUSE/ PARTNER MEMBER (if applicable)
Full Name:Club Membership Number:
Title: Mr  Mrs  Ms  Miss Date of birth: / / .
Relationship to Applicant: Spouse/Partner Parent/Child Place of birth:
Relationship to Applicant: Spouse/Partner Parent/Child Place of birth:
Address: same as above Citizen of:
Tel. No: Cell No:
Email Address:
You give us express permission to send our monthly e- Newsletter -YES
PAL # Expiry date:/
PAL # Expiry date: /  List any additional firearms training

# **Membership Application Form**

Two **EXISTING** club members are preferred as references, otherwise someone who is not a relative and knows you for at least 5 years.

Reference 2 (Name):  Phone number:  **The member who suggested you join SW, if applicate  APPLICANT DECLARATION — Please read carefully I hereby apply for membership in Silver Willow Sporting Club. I agree that I shall be bound by the rules and regulations of Silv I declare that I am not a member of an anti-shooting organizat I declare that —  I have a current Canadian Possession and Acquisition I am not prohibited from possessing a firearm or amm	Date:  Dile  ver Willow Sporting Club. ion.  Firearm License (PAL)
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<ul> <li>and Section 730 of the Criminal Code of Canada.</li> <li>I give Silver Willow explicit use of my information for a information obtained will be safeguarded against acci</li> </ul>	
Applicants Signature:	Date:
Spouse / Partner Members Signature:	Date:
OFFICE USE ONLY Form Processed By: Payment Received: PAL Copied Membership   Pull card:	Membership No:  Orientation Session:  Date
Entered in Database:	Membership No:

## **Release and Waiver of Liability and Indemnity**

In CONSIDERATION of being permitted to enter for any purpose the locations, facilities and lands of the Silver Willow Pheasant Farm Ltd. or Don Day, Josh Day and Gwen Day (which is referred to as "Silver Willow" in this document) I, for myself, my personal representatives, heirs and next of kin, acknowledge and agree that;

1. The use of firearms and other activities at Silver Willow, incl locations, facilities and lands of Silver Willow, are potentially d	
minors in my charge or serious injury, death or property dama responsibility for all such risks.	_
2. I have been given an orientation by a staff member and have rules. I have read the club rules – initial, I have watch	
3. Silver Willow is not responsible for any loss, damage or injurcharge in participating in any activity, in using the facilities of S about the location, facilities and lands of Silver Willow, for any on the part of Silver Willow, it's employees, agents, officers or	ilver Willow, or in traveling to, from or reason whatsoever including negligence
4. I hereby relieve, release, waive, indemnify and save harmles officers and directors from all or any liability for losses, damag or by minors in my charge, including liability arising from the n agents, officers or directors.	e or injuries which may be suffered by me
5. The foregoing release, waiver and indemnity are intended to by the law of the Province of Alberta and if any portion thereo notwithstanding, continue in full legal force and effect.	
6. I have read this document and I am at least 18 years of age a parent or guardian on behalf of persons less than 18 years of a may use or be present on Silver Willow premises.	
7. This release will be effective during the time of your member Silver Willow in writing to the contrary.	ership and any renewals unless you advise
8. You are encouraged to seek legal advice prior to signing this ACCEPTANCE OF THE ABOVE BY ME is evidenced by my signature representations, statements or inducements apart from the formade.  Print your full name:	ure and I agree that no oral
Trine your run name.	
Signature: Print the full name of the witness:	
Witness :	Date :/ /
Confirmed by:	

### **Silver Willow Membership Recurring Payment Authorization Form**

Schedule your payment to be automatically charged to your Visa or MasterCard. Just complete and sign this form to get started! No more worries about forgetting to renew!

### **Recurring Payments Will Make Your Life Easier:**

- It's convenient (saving you time and postage)
- You'll never need to be concerned that your membership has lapsed
- Your payment is always on time (even if you're out of town)

#### Here's How Recurring Payments Work:

Please complete the information below:

Exp. Date

You authorize a once a year scheduled charge to your credit card each year on March 1st. A receipt for your payment will be emailed to you and the charge will appear on your bank statement as "Silver Willow". You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 4 weeks, prior to the payment being collected. If you wish to discontinue your membership, 2 weeks notice will be required to stop the payment.

## I \_\_\_\_\_ authorize Silver Willow Sporting Clays to charge my credit card (indicated below) \$495.00 plus GST on MARCH 1st of each year for payment of my annual membership. Silver Willow Member # (as found on your I-Pull member clay card) \_\_\_\_\_ Billing Address \_\_\_\_\_ Phone#\_\_\_\_\_ City, Province, Postal Code \_\_\_\_\_\_ Email \_\_\_\_\_ DATE I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Silver Willow Sporting Club in writing of any changes in my account information or termination of this authorization at least 2 weeks prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form. ☐ Visa ☐ MasterCard Cardholder Name \_\_\_\_\_ Card Number

Month Year