

# B.C. Target Sports Association

Membership Application / Renewal Form **\*\* YEAR IS APR TO MAR. \*\*** Please Print Clearly

APPLICATION DATE: DD \_\_\_\_\_ MM \_\_\_\_\_ YY \_\_\_\_\_ App / Renewing for Year \_\_\_\_\_

**Main Contact:**

Full Name: \_\_\_\_\_ M/F \_\_\_ DOB DD \_\_\_ MM \_\_\_ YY \_\_\_

Address: \_\_\_\_\_ Note: **DOB is Mandatory**

City: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

**TYPE OF MEMBERSHIP:**

| <i>Type</i>                        | <b>Description</b>             | <i>Fee</i>      | <i>Enter Amount</i> |
|------------------------------------|--------------------------------|-----------------|---------------------|
| <i>Family</i>                      | Parents, Children under 21 yrs | <b>\$ 35.00</b> | \$                  |
| <i>New Family = After Sept. 30</i> | Parents, Children under 21 yrs | <b>\$ 52.50</b> | \$                  |
| <i>Adult</i>                       | Over the age of 20 Yrs         | <b>\$ 30.00</b> | \$                  |
| <i>New Adult – After Sept 30</i>   | Over the age of 20 Yrs         | <b>\$ 45.00</b> | \$                  |
| <i>Junior</i>                      | Under the Age of 21 yrs        | <b>\$ 15.00</b> | \$                  |
| <i>New Junior – After Sept 30</i>  | Under the Age of 21 yrs        | <b>\$ 22.50</b> | \$                  |
| <i>Associate Club</i>              |                                | <b>\$ 25.00</b> | \$                  |
| <b>Total</b>                       |                                |                 | <b>\$</b>           |

*Note: Family all must reside at same address. Must list Family members below*

*Note: New Members After Sept 30 Fee includes current year and following year*

**MAIN DISCIPLINE** (Check Main Discipline) (multi family sport, indicate sport next to each name if different than main sport)

- Pistol*     
  *Rifle*     
  *Silhouette*     
  *Recreational Only*

**OTHER FAMILY MEMBERS**

**DATE OF BIRTH: REQUIRED FOR ALL MEMBERS LISTED**

( *MAIN DISCIPLINE REQUIRED AND LAST NAME REQUIRED ONLY IF DIFFERENT FROM MAIN MEMBER* )

MAIN DISCIPLINE ( CIRCLE ONE )

|             |           |                                  |               |
|-------------|-----------|----------------------------------|---------------|
| NAME: _____ | P / R / S | M/F ___ DOB DD ___ MM ___ YY ___ | BCTSA # _____ |
| NAME: _____ | P / R / S | M/F ___ DOB DD ___ MM ___ YY ___ | BCTSA # _____ |
| NAME: _____ | P / R / S | M/F ___ DOB DD ___ MM ___ YY ___ | BCTSA # _____ |
| NAME: _____ | P / R / S | M/F ___ DOB DD ___ MM ___ YY ___ | BCTSA # _____ |
| NAME: _____ | P / R / S | M/F ___ DOB DD ___ MM ___ YY ___ | BCTSA # _____ |

**Please make cheque payable to BCTSA and mail to: BCTSA Box 496 Kamloops B.C. V2C 5L2**