

B.C. Target Sports Association

Membership Application / Renewal Form 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>	Description	<i>Fee</i>	<i>Enter Amount</i>
<i>Family</i>	Parents, Children under 21 yrs	\$ 35.00	\$
<i>Adult</i>	Over the age of 20 Yrs	\$ 30.00	\$
<i>Junior</i>	Under the Age of 21 yrs	\$ 15.00	\$
<i>Associate Club</i>		\$ 25.00	\$
Total			\$

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

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