

EGHAA Membership Application

East Grey Hunters & Anglers Association
138308 9th Line, Meaford, On.

*****PLEASE PRINT CLEARLY***** Date (D / M / Y): ____ / ____ / ____

Full Name: _____

Date of Birth (D / M / Y): ____ / ____ / ____ P.A.L. #: _____ P.A.L. Expiry
(D / M / Y): ____ / ____ / ____ P.A.L. Classification: P.A.L. R-P.A.L.

Street Address: _____

City/Town: _____ Postal Code: _____

Email Address: _____

Home Phone Number: (____) _____ Cellphone Number: (____) _____

Please Choose Your Membership Type:

Note: Your initiation fee of \$275 is included in your first years membership payment. Yearly renewal costs will drop to \$100 for a Single Membership, and \$120 for a Family Membership after your first year as a member of EGHAA. Existing CCFR Members receive a discount from their membership fees. Cheques can be made out to: E.G.H.A.A. All membership renewals are due by March 30th yearly.

Single Adult Membership (\$375.00)

Single Adult with existing CCFR Membership (\$335.00)
CCFR #: _____ CCFR Expiry: ____ / ____ / ____

Family Membership, Spouse/Partner & Children Under 18 (\$395.00)
If you have chosen a Family Membership, Please fill out the required information on the reverse of this application

What are your interests? (Circle)

Trap Shooting Target Shooting Handgun Shooting Hunting Fishing Archery Camping Canoeing Air Rifles

Other: _____

Would you serve on a Committee if asked? Yes No

Would you serve on the Board of Directors if asked? Yes No

Would you serve on the Executive Council if asked? Yes No

I have read and understood the Incentive program details Yes

The executive council reserves the right to suspend or expel any member, with no refund of dues, upon receiving satisfactory proof of such member having committed any unlawful act contrary to the objective of the club. Such member may be given the opportunity of a hearing to defend themselves. - Membership Chairman

I, the said applicant, agree to the above.

Signature of Applicant

Name of Applicant (Print)

Name of Sponsoring Member (Print)

Signature of Sponsoring Member

Family Membership Information

Only applicable to a family membership.

Please note that children aged 18 and older do not qualify under a family membership, and will be asked to apply for their own membership. Children that have turned 18 while under an existing family membership will not be required to pay the \$275 initiation fee to apply.

Spouse / Partner

Name: _____ D.O.B. (D / M / Y): ____/____/____

PAL #: _____ P.A.L. Expiry Date (D / M / Y): ____/____/____

P.A.L. Classification: P.A.L. R-P.A.L. Cellphone Number: (____) _____

Child Under Age 18

Name: _____ D.O.B. (D / M / Y): ____/____/____

PAL #: _____ P.A.L. Expiry Date (D / M / Y): ____/____/____

Child Under Age 18

Name: _____ D.O.B. (D / M / Y): ____/____/____

PAL #: _____ P.A.L. Expiry Date (D / M / Y): ____/____/____

Child Under Age 18

Name: _____ D.O.B. (D / M / Y): ____/____/____

PAL #: _____ P.A.L. Expiry Date (D / M / Y): ____/____/____

Child Under Age 18

Name: _____ D.O.B. (D / M / Y): ____/____/____

PAL #: _____ P.A.L. Expiry Date (D / M / Y): ____/____/____

Child Under Age 18

Name: _____ D.O.B. (D / M / Y): ____/____/____

PAL #: _____ P.A.L. Expiry Date (D / M / Y): ____/____/____

Child Under Age 18

Name: _____ D.O.B. (D / M / Y): ____/____/____

PAL #: _____ P.A.L. Expiry Date (D / M / Y): ____/____/____