

EGHAA Membership Renewal Form

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 The Type of Membership You Will Be Renewing:

Note: 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 annually.

Single Adult Membership Renewal (\$100.00)

Single Adult with existing CCFR Membership (\$60.00)

CCFR #: _____ CCFR Expiry: ____ / ____ / ____

Family Membership, Spouse/Partner & Children Under 18 (\$120.00)

If you have chosen a Family Membership, Please fill out the required information on the reverse of this application

A Late Payment Fee of \$25 will be incurred in addition to yearly dues if membership is not renewed by March 30th.

If not renewed by June 1st, members will be required to pay a reinstatement fee in addition to yearly dues to keep their membership with EGHAA, if the membership cap allows.

Late Payment Penalty: Late Fee (\$25.00) Re-instate Penalty (\$275.00)

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

All Members must produce an EGHAA membership card upon request when on range property.

All information must be visible and legible.

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): ____/____/____