



MEMBERSHIP APPLICATION

Name: _____ Date of Birth: _____

Address: _____
STREET CITY

Postal Code: _____ Phone (w): _____
Phone (h): _____

Email Address: _____

Employer's Name: _____

Employer's Address: _____

PAL Number: _____ PAL Expiry: _____

PAL Application Date: _____

Are you now or have you ever been a member of a pistol club? _____

Club Name: _____ Address: _____

Who referred you to the Lakeshore Arms Academy? _____

Sponsors: _____

Signature of Applicant: _____ Date: _____

Club Official: _____ Date: _____