



Base Borden Rod and Gun Club Application Form

www.BordenRodandGun.com

Renewal: Yes No If "yes" please add previous Membership # _____

Please select type of Membership:

- Single
- Family

- Regular
- Ordinary
- Associate
- Executive
- Temporary

Unit / Rank / Position to support
Membership Category: _____

Surname: _____ Given Name(s): _____

Address: _____ Phone Number (H): _____

City: _____ (W): _____

Postal Code: _____ Email Address: _____

Check here if you do not want your name posted in the membership listing on the Base Borden Rod & Gun Club website.

If applying for Family Membership:

Spouse: _____ Children's names/ages: 1. _____ / _____

2. _____ / _____ 3. _____ / _____ 4. _____ / _____

Check areas of interest:

- Fishing
- Archery

- Hunting
- ATV

- Shooting
- Snowmobiling

- Jr. Activities Club

Annual Membership Fees:

Single
 Regular : \$ 55.00
 Ordinary : \$ 55.00
 Associate : \$ 110.00

Family
 Regular: \$ 80.00
 Ordinary: \$ 80.00
 Associate: \$ 135.00

All fees include HST

Sponsorship (New Associate Members Only)

PLEASE NOTE – Only Regular & Ordinary Members can sponsor an Associate.

Sponsor's Name: _____ Membership #: _____

Sponsor's Signature: _____ Date: _____

Letter Received: Yes No

WAIVER TO BE COMPLETED BY ALL MEMBERS

I/We, the undersigned, wish to enter the Defense Establishment at Canadian Forces Base Borden Ontario, from today's date to the expiry date of my Membership for the purpose of carrying out activities supported by the club and understand that there are HIDDEN DANGERS on the aforementioned Defense Establishment, including, unexploded ammunition & explosives.

In return for being granted access to the aforementioned Defense Establishment, I/We undertake "NOT" to make any claim against Her Majesty the Queen in Right of Canada or any of her servants or agents, for any injury that I/We may sustain or any damage to any property that I/We take into the Defense Establishment.

Signature: _____

Date: _____

CLUB USE ONLY

Approved: Yes No

Date of Issue: _____

Membership #(s): _____

Expiry Date: _____

Fee Collected: _____ Receipt #: _____

HST# 12149-1807

Issuer Signature & Position: _____

Box 275 CFB Borden, Ontario L0M 1C0