

CAPE NOVA THE RIFLE & REVOLVER CLUB

www.CapeNova.com

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MEMBERSHIP APPLICATION

Herewith I am applying to become a member of The Cape Nova Rifle and Revolver Club.

FAMILY NAME: _____

FIRST NAME: _____

DOB ---/---/---

HOME ADDRESS: _____

(include civic #) _____

PHONE: Home: --- --- --- Cell: --- --- --- Work: --- --- ---

E-MAIL ADDRESS

NEXT OF KIN CONTACT INFO: (persons to be contacted in the event of emergency)

1.

2.

FIREARMS LICENSE # _____ EXPIRY DATE: _____

SHOOTING INTERESTS: _____

OTHER GUN CLUB MEMBERSHIPS:

MEMBERSHIP DUE ATTACHED YES NO

AMOUNT PAID: _____ CASH / E-TRANSFER / CHEQUE / other:

OTHER INFORMATION YOU THINK WE SHOULD KNOW:

APPLICANT'S SIGNATURE: _____ DATE: _____