

CAPE NOVA THE RIFLE & REVOLVER CLUB

www.CapeNova.com



MEMBERSHIP APPLICATION

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

FAMILY NAME: _____

FIRST NAME/S: _____

DOB --- / -- / -- (Year / Month / Day)

HOME ADDRESS: _____

(include civic #) _____

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

E-MAIL ADDRESS: (please print) --- - - - - - - - - - - - - - - - -

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

1.

FIREARMS LICENSE # _____ EXPIRY DATE: _____

Please attach a copy of your current firearms license.

SHOOTING INTERESTS: _____

OTHER GUN CLUB MEMBERSHIPS: _____

MEMBERSHIP DUE ATTACHED Yes () No ()

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

For questions feel free to contact: Clifford: 902 631-5840 or e-mail: treasurercapenova@gmail.com

OTHER INFORMATION YOU THINK WE SHOULD KNOW:

Please use extra page if required

APPLICANT'S SIGNATURE: _____ DATE: _____

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Acknowledgment

of

Range Orientation & Guidelines

Member Name: _____

I hereby acknowledge that I have read and understand the Range Orientation and Guidelines dated 6 September 2023 rev 5 and will follow all range rules contained herein.

I will also abide by all regulation set in place by law or by the DNRR (Department of Natural Resources and Renewables of Nova Scotia).

I understand that a violation of the range rules/range regulations may result in suspension or termination of my membership.

Signature: _____ Date: _____

New Members Only

- New members will be provided Provisional Membership until completion of Range Orientation.
- Range Orientation must be completed within 3 months of Membership Application acceptance.
- Range Orientation to be carried out by a Club Director.

Range Orientation Completed: _____

Director Name: _____

Recommended for Full Membership: Yes () No ()