



INDIVIDUAL PARTNER MEMBERSHIP

Canadian Firearms Institute
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Sundridge, ON, P0A 1Z0
800.749.3108
705.689.3167
office@canadianfirearmsinstitute.ca

First Name: _____ Int. _____ Last Name: _____

Mailing Address: _____ City: _____

Province: _____ Postal Code: _____ Email: _____

Phone: _____ Alt. Phone: _____

Club Name(s): _____

How do you participate in the sport? (Circle please) Hunt Collect Sport Shooting Competition

I have a _____ (PAL/POL) Birthdate (Month/Day/Year): _____

Select Membership Type:

- Partner Member: \$45.00
- Partner Family: \$75.00
(Incl. Spouse and all children under the age of 18)
- Junior Partner: \$20.00 (Must be 18 years or younger)
- Senior Partner: \$25.00

Family Members (Please include last name if different)	Birthdate (Month/Day/Year)

I appreciate the work your organization is doing and I want to help!
I would like to make a CONTRIBUTION of:

- \$50 \$100 \$200 Other \$ _____

My Membership: \$ _____
 My Contribution: \$ _____
Total Payment: \$ _____

Payment Method: Visa MasterCard Cash Cheque

Credit Card Number: _____

Expiry Date: _____

CCV # _____
(Last 3 digits on the back of the card)

Name on Card: _____

Signature: _____



Please make cheques payable to *Canadian Firearms Institute*. Make things simpler and process your membership online at: www.canadianfirearmsinstitute.ca

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