



\* 60 Years of service since 1946 \*

# AFGC 2008 MEMBERSHIP APPLICATION

Please PRINT clearly all information on this form

Membership applications may be presented with money (cheque or cash) at a General Meeting, given to a club director or mailed (keep yellow copy as interim membership card valid for 90 days), with appropriate funds to:

**Abbotsford Fish and Game Club**  
Box 293, Abbotsford, BC V2T 6Z6

Website: [www.abbotsfordfishandgameclub.org](http://www.abbotsfordfishandgameclub.org)

Membership expires April 31<sup>st</sup>, 2009. Your membership cannot be accepted or processed if this form is incomplete

2008 Membership #

(For office use only)

Date of application: \_\_\_\_\_

New (or lapsed\*) membership: initiation fee required.

Renewal 2007/8 Member# \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

( ) - ( ) -  
Home Phone \_\_\_\_\_ Work, Cell, other phone (circle one) \_\_\_\_\_

Email address \_\_\_\_\_

I would like to receive the newsletter and other correspondence by Email

Application Source:  Mail,  Club,  Store,  Website

*In accepting membership "I solemnly pledge that I will observe the constitution and bylaws of the Abbotsford Fish and Game Club, and I will obey all range rules and regulation and conduct myself in a sportsmanlike manner while on club premises."*

Applicant signature \_\_\_\_\_

## Membership Fees

Initiation Fee (for new or lapsed* membership)	\$10.00	<input type="checkbox"/>
Regular	DOB*: _____	\$80.00 <input type="checkbox"/>
Junior*	DOB*: _____	\$25.00 <input type="checkbox"/>
Associate (must provide a copy of proof of parent club membership and copy of insurance of \$2,000,000 – attach a copy when mailing)		\$45.00 <input type="checkbox"/>
Family (spouse and/or up to 4 children)		\$90.00 <input type="checkbox"/>
Spouse:	DOB*: _____	
1 <sup>st</sup> child*:	DOB*: _____	
2 <sup>nd</sup> child*:	DOB*: _____	
3 <sup>rd</sup> Child*:	DOB*: _____	
4 <sup>th</sup> Child*:	DOB*: _____	
<b>Total:</b>		\$ _____

Paid by cheque or cash accepted. No third party cheques.

◆ Lapsed means not a member in the 2007/8 membership year

☆ Date of birth required for insurance purposes only

For office use Entered in Database: \_\_\_\_\_

Payment rec. by: \_\_\_\_\_ Date Payment rec.: \_\_\_\_\_

White copy for office use

Yellow copy as Interim membership and receipt until **Photo ID** card is issued