Haliburton County Marksmen Club Membership Application

Please submit to HCMC Inc. P.O. Box 56, Kinmount ON KOM 2A0

INCOMPLETE APPLICATIONS WILL DELAY THE REVIEW OF YOUR APPLICATION

This form may be filled out and printed on your computer

This application will be accepted from October 1 to December 31, 2024

Name (as appears on yo	ur R/PAL)				
Name (as you would lik	e it displayed on your m	nembership c	ard)		
Address		_City		Postal Code	
Home Phone		Cel	l Phone		
Email					
If you currently have a F	irearms Licence (PAL), p	olease fill in tl	ne details belov	w:	
Please inclu	ide a copy of both sides ate the Type of Member ou ever been, a member	s of your fire ership you wa of another s	arms license and restrict hooting club? (•	
	ken the CSSA Handgun	Safety Course	e or equivalent	firearms safety course? (YES \square / NO) □)
You must be a member	of CSSA while a membe nber, please add this Clu	r of HCMC. ub to your me	embership info	rmation at the CSSA office.	
If you are not a CSSA me	ember, please include p	roof of applic	ation (Screens	hot of your application)	
List two (2) current men				if available	
Name		_Contact tele	ephone #		
	An interview with B	oard membe	rs will be sche	duled early in 2025	
☐ Check this box to be i	ncluded in HCMC email	s for bulletin	s and informat	ion.	
Basics and related guide that non-compliance m I also acknowledge that	elines as displayed on th ay result in Club discipl I have read and fully u	e website, po ine, which m inderstand tl	osted at the Clu ay include sus ne accompanyi	MC's Constitution and By-Laws, Rang b, or otherwise made available. I und pension of membership and/or rang ing document that outlines the respondence on HCMC property.	derstand e access
Applicant's Signature			Date _		
NEW MEMBER FEES:					

Note: Provide names of Family members on Page 2. Family members who will be regularly active shooters should fill out separate applications and attach them to the main family member's application.

^{*}Family Membership: Member + Spouse + Children seventeen years of age and under.

^{**}Junior Membership: Member who has not reached his/her 18th birthday.

List your Shooting Qualifications/Experience							
Ar	e you a certified Range Officer, Coach, Instructor or	otherwise qualified?					
Sp	ecific Qualification/s						
	L ACCULATE.						
	ub Affiliation						
	you are Holster Certified, please enter the details be						
	ecific Qualification						
Club Affiliation		Date Qualified					
Fa	mily Members						
Re	ecord the names of family members below:						
Na	ames:		Birthdate of Children 17 years of age				
			and under (dd/mm/yyyy).				
	HCMC	Inc. Use Only					
	HEIWIC	inc. Ose Only					
	Date Received						
	Data Da da calle Danad	dd/mm/yyyy					
	Date Reviewed by Board	dd/mm/yyyy					
	Date approved for Probationary Status						
	Club Level Safety Course	dd/mm/yyyy					
	Date Completed						
		DD/MM/YY					
	6 Probationary Shoots (Minimum) Date Completed						
		DD/MM/YY					
	approved for Regular Member	DD/MM/YY					