

# Membership Application Form



*“Silver Willow” in this document means Silver Willow Pheasant Farm LTD. Don Day, Gwen Day and Josh Day*

## NOTES FOR APPLICANTS

**Please read this form carefully** – especially the declaration that **all applicants** are required to sign.

Annual membership is due on March 1st of each year which will be processed via an online automatic renewal with Converge through Elavon. An application fee will be charged on all new memberships.

After you have been approved for your membership you will be required to book and complete a one-hour Introductory Instruction with one of our instructors before you can gain full access to the facilities. This will be provided at a discounted rate of **\$125.00**.

**As of March 1<sup>st</sup>, 2024 we will be running an individual client authentication on your PAL to ensure its validity before you can be approved for membership.**

It is the responsibility of all member(s) to keep Silver Willow updated in the event of any change in circumstance that may affect membership in the Club, like the loss of your PAL license, or being prohibited from possessing firearms because of a criminal conviction which would then invalidate your membership. Membership could be cancelled with no refund, if the club owner deems your activity to be unsafe or un-sportsman like.

Please notify us of any change of email address or contact details and credit card changes for the annual membership renewal.

Silver Willow reserves the right to alter the fee and or membership regulations and conditions without notice. All memberships are for the sole use of the member(s) named and cannot be transferred, exchanged, or shared under any circumstances.

In the event of withdrawal by the applicant(s) or termination of the membership by the Club, no part of any fee is refundable.

Acceptance of this application does not guarantee that membership in the club will be granted.

Silver Willow at its sole discretion reserves the right to accept or deny membership.

**Please deliver signed application forms to:**

**Silver Willow Sporting Club  
30133 Rg Rd 20, Mountain View County  
403-337-2490**

# Membership Application Form (Page 2)

## DETAILS OF APPLICANT

Full Name: \_\_\_\_\_ Club Membership Number:

Title: Mr  Mrs  Ms  Miss  Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Place of birth: \_\_\_\_\_

City, Province: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Postal code: \_\_\_\_\_

Tel. No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Email Address: \_\_\_\_\_

You give us express permission to send our monthly e-Newsletter - YES

PAL # \_\_\_\_\_ Expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
yyyy mm dd

List any additional firearms training \_\_\_\_\_

I'm a member in good standing of: CNSCA  NSCA  ASCA

## TYPE OF MEMBERSHIP APPLYING FOR

Individual

Couple

## DETAILS OF SPOUSE/ PARTNER MEMBER (if applicable)

Full Name: \_\_\_\_\_ Club Membership Number:

Title: Mr  Mrs  Ms  Miss  Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Applicant: Spouse/Partner  Parent/Child  Place of birth: \_\_\_\_\_

Address: same as above Citizen of: \_\_\_\_\_

Tel. No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Email Address: \_\_\_\_\_

You give us express permission to send our monthly e- Newsletter- YES

PAL # \_\_\_\_\_ Expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

List any additional firearms training \_\_\_\_\_

Check if a member of the following: CNSCA  NSCA  ASCA

# Membership Application Form

Two **EXISTING** club members are preferred as references, otherwise someone who is not a relative and knows you for at least 5 years.

Reference 1(Name): _____	Membership No: <input type="text"/>
Phone number: _____	Date: _____.
Reference 2 (Name): _____	Membership No: <input type="text"/>
Phone number: _____	Date: _____.

The Member that referred me: _____
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## APPLICANT DECLARATION – Please read carefully

I hereby apply for membership in Silver Willow Sporting Club.

I agree that I shall be bound by the rules and regulations of Silver Willow Sporting Club.

I declare that I am not a member of an anti-shooting organization.

I declare that –

- I have a current Canadian Possession and Acquisition Firearm License (PAL)
- I am not prohibited from possessing a firearm or ammunition by virtue of Sections 109 to 112 inclusive and Section 730 of the Criminal Code of Canada.
- I give Silver Willow explicit use of my information for administration of my membership ONLY. The information obtained will be safeguarded against accidental, inappropriate or illegal disclosure. (*PIPA*)

Applicants Signature: _____	Date: _____.
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Spouse / Partner Members Signature: _____	Date: _____
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## OFFICIAL USE ONLY

Form Processed By: \_\_\_\_\_ Date: \_\_\_\_\_ Membership No:

Entered POS  Notes POS  Payment Received  PAL Copied  Member clay card

Entered Auto Renew  Online booking  Booking email sent  Newsletter  Entered tracking

PAL Authentication

<b>New Application and Lapsed Renewal Fee: \$ 25.00</b>	Visa	MC	Debit	Cash	Cheque
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Full Membership:    Approved     Probation     Rejected

Instruction date: \_\_\_\_\_ Instructor booked with: \_\_\_\_\_

Silver Willow Director: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Release and Waiver of Liability and Indemnity

In CONSIDERATION of being permitted to enter for any purpose the locations, facilities and lands of the Silver Willow Pheasant Farm Ltd. or Don Day, Josh Day and Gwen Day (which is referred to as "Silver Willow" in this document) I, for myself, my personal representatives, heirs and next of kin, acknowledge and agree that;

1. The use of firearms and other activities at Silver Willow, including traveling to, from or about the locations, facilities and lands of Silver Willow, are potentially dangerous and involve risk to me or to minors in my charge or serious injury, death or property damage and I agree to assume full responsibility for all such risks.

2. I have been given an orientation by a staff member and have read and understand Silver Willows rules. I have read the club rules – initial \_\_\_\_\_, I have watched the safety video- initial \_\_\_\_\_  
Spousal initial \_\_\_\_\_ Spousal initial \_\_\_\_\_

3. Silver Willow is not responsible for any loss, damage or injury suffered by me or by minors in my charge in participating in any activity, in using the facilities of Silver Willow, or in traveling to, from or about the location, facilities and lands of Silver Willow, for any reason whatsoever including negligence on the part of Silver Willow, it's employees, agents, officers or directors.

4. I hereby relieve, release, waive, indemnify and save harmless Silver Willow, it's employees, agents, officers and directors from all or any liability for losses, damage or injuries which may be suffered by me or by minors in my charge, including liability arising from the negligence of Silver Willow, it's employee's, agents, officers or directors.

5. The foregoing release, waiver and indemnity are intended to be as broad and inclusive as is permitted by the law of the Province of Alberta and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

6. I have read this document and I am at least 18 years of age and / or I am signing this document as parent or guardian on behalf of persons less than 18 years of age for whom I am responsible and who may use or be present on Silver Willow premises.

7. This release will be effective during the time of your membership and any renewals unless you advise Silver Willow in writing to the contrary.

8. You are encouraged to seek legal advice prior to signing this release as it may impact your legal rights. ACCEPTANCE OF THE ABOVE BY ME is evidenced by my signature and I agree that no oral representations, statements or inducements apart from the foregoing written document have been made.

Print your full name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Spousal full name: \_\_\_\_\_

Spousal Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Print the full name of the witness: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Confirmed by: \_\_\_\_\_

## Silver Willow Membership Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa or MasterCard. Just complete and sign this form to get started! No more worries about forgetting to renew!

### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- You'll never need to be concerned that your membership has lapsed
- Your payment is always on time (even if you're out of town)

### Here's How Recurring Payments Work:

You authorize a once a year scheduled charge to your credit card each year on March 1st. A receipt for your payment will be emailed to you and the charge will appear on your bank statement as "Silver Willow". You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 4 weeks, prior to the payment being collected. If you wish to discontinue your membership, 2 weeks notice will be required to stop the payment.

### Please complete the information below:

I \_\_\_\_\_ authorize Silver Willow Sporting Clays to charge my credit card  
(full name)

(indicated below) **\$507.37 plus GST** on **MARCH 1st** of each year for payment of my annual membership.

Silver Willow Member # (as found on your I-Pull member clay card) \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, Province, Postal Code \_\_\_\_\_ Email \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Silver Willow Sporting Club** in writing of any changes in my account information or termination of this authorization at least 2 weeks prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

<input type="checkbox"/> Visa or <input type="checkbox"/> MasterCard	
Cardholder Name	_____
Card Number	_____
Exp. Date	Month _____ Year _____ CVV _____