

Cowichan Fish and Game Association Membership Application

Mail with the dues to: CF&G, Box 425, Duncan, BC V9L 3X8

New	Renewal	Application for 20 _____	Current Membership #	Individual membership	Family membership
Name (please print):				PAL #	
Address:			City:	Prov.:	Postal Code:
Phone:		Email:		Occupation:	
Family Membership					
Spouse		Name:		PAL #	
Dependent 1	Age	Name:		PAL #	
Dependent 2	Age	Name:		PAL #	
Dependent 3	Age	Name:		PAL #	
Dues – Membership is valid from January 1 to December 31 each year					
Adult individual membership (18+)				\$ 100	\$
Family – 2 adults & children under 18				\$125	\$
Junior membership (under 18)				\$25	\$
Senior membership (65 +)				\$75	\$
FOBs - No FOB renewal fee if membership is renewed before January 31					
New Members - FOB fee – (Security gate passkey)				\$15	\$
FOB re-activation fee - membership renewals after Jan 31				\$ 10	\$
TOTAL					\$
References (New Members Only)					
1 st Reference name:				Phone #	
2 nd Reference name:				Phone #	
<p>If accepted for membership I agree to uphold and adhere to the values, practices and rules of the Cowichan Fish & Game Association. I understand that it is my responsibility to read, understand and abide by the posted range rules. I promise not to engage in any behavior or activity which is not in the best interest of the safe and harmonious operations of the club. I understand that any such behavior or activity may be considered grounds for disciplinary action and/or expulsion at the discretion of a CF&G Directors. I understand that I will be required to complete a period of probation lasting 3 months and that my membership may be terminated at any time during my probation at the discretion of the CF&G Directors.</p> <p>I understand that my membership will be reviewed on an annual basis and subject to the discretion of a Membership Committee. My signature below indicates my acceptance of, and agreement to, the foregoing and any other rules which have been duly constituted and acknowledges the club's right to contact any groups or individuals for additional information.</p>					
ALL MEMBERS Signature: X				Date:	
Signature of Witness: X				Date:	
Name of Witness: (please print name)X					

Membership #: _____	FOB #:: _____
Fees Paid: \$ _____ Cash: _____ Chq: _____ Date processed _____	