



INFORMATION SHEET

Shooting Club Membership

BEFORE YOU START...

USE THIS FORM to provide a Shooting Club membership list when applying for approval of your Shooting Club. Complete this form and attach it to form "Shooting Club or Shooting Range Approval Application" (CAFC 741). Also use this form when the Chief Firearms Officer of your province or territory requests a current list of your Shooting Club membership.

THE CLUB REPRESENTATIVE MUST COMPLETE ALL SECTIONS OF THE FORM.

THERE IS NO FEE.

YOU MAY SUBMIT YOUR SHOOTING CLUB MEMBERSHIP INFORMATION ELECTRONICALLY; please call 1 800 731-4000 for acceptable formats.

IF YOU NEED ADDITIONAL SPACE, list all information requested on a separate sheet of paper, add your Shooting Club approval number and name to the top of each sheet and attach it to this form.

IF YOU NEED HELP COMPLETING THIS APPLICATION FORM or require another form, call 1 800 731-4000. Additional information and some application forms are also available on our Web site at www.cfc-cafc.gc.ca.

Mail your completed application form and all attachments to:

**Central Processing Site
PO Box 1200
Miramichi, N.B. E1N 5Z3**

PLEASE REMEMBER...

Whenever you handle firearms, follow all safety precautions.

The following information explains certain parts of the form and will help you answer some of the questions. You should read the instructions as you fill in your form. If you are still unsure about a question, call 1 800 731-4000 for assistance.

A - SHOOTING CLUB INFORMATION

Box 1

Provide the Shooting Club approval number in Box 1 (if available).

Box 2

Provide the membership list submission date in Box 2.

Box 3

Provide the Shooting Club's name in Box 3.

Boxes 4 and 5

Provide the Shooting Club's address in Box 4. If the Shooting Club's mailing address is the same as the shooting club's address put an "X" in the "same as Shooting Club address" box. If the mailing address is different provide the mailing address information in Box 5.

Box 6

Provide your name (last, first, middle) in Box 6 and your relationship to the Shooting Club in Box 6 d). Provide a telephone number where you can be contacted during the day and evening in Box 6 e) and f).

B - SHOOTING CLUB MEMBERS

Box 7

Provide the effective date of the Shooting Club membership list in Box 7.

Member Information

For each Shooting Club member, provide their firearms licence number. If they do not hold a valid firearms licence provide their date of birth in the space provided. Provide each member's mailing address and telephone number.



For Administrative Use

SHOOTING CLUB MEMBERSHIP

ATTENTION:

Read the Information Sheet for explanations. Use an "X" to indicate your answers (where required). Print clearly in blue or black ink.

A SHOOTING CLUB INFORMATION

1. Shooting Club approval number (if available)		2. Date submitted (Y/M/D)	
3. Name of shooting club			
SHOOTING CLUB ADDRESS			
4. a) Street / Land location		b) Apt. / Unit	
c) City	d) Province / Territory	e) Postal code	
MAILING ADDRESS <input type="checkbox"/> Same as Shooting Club address			
5. a) Street / Rural route / PO box number		b) Apt. / Unit	
c) City	d) Province / Territory	e) Postal code	
f) E-Mail address (if applicable)			
SHOOTING CLUB REPRESENTATIVE			
6. a) Last name of representative	b) First name		c) Middle name
d) Relationship to the club	e) Daytime telephone number	Extension	f) Evening telephone number
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B SHOOTING CLUB MEMBERS

7. Shooting club members as of (Y/M/D)				
8. a) Firearms licence number	b) Date of birth (Y / M / D) (if not licensed)	c) Last name	d) First name	e) Middle name
MAILING ADDRESS				
f) Street / Rural route / PO box number			g) City	
h) Province / Territory		i) Postal code	j) Telephone number	Extension
			() -	

Ce formulaire est disponible en français

For Administrative Use

Shooting Club approval number (if available)	Name of shooting club
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B SHOOTING CLUB MEMBERS (continued) (photocopy this page if you require more space).

9. a) Firearms licence number	b) Date of birth (Y / M / D) (if not licensed)	c) Last name	d) First name	e) Middle name
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MAILING ADDRESS				
f) Street / Rural route / PO box number			g) City	
h) Province / Territory		i) Postal code	j) Telephone number () -	Extension

10. a) Firearms licence number	b) Date of birth (Y / M / D) (if not licensed)	c) Last name	d) First name	e) Middle name
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MAILING ADDRESS				
f) Street / Rural route / PO box number			g) City	
h) Province / Territory		i) Postal code	j) Telephone number () -	Extension

11. a) Firearms licence number	b) Date of birth (Y / M / D) (if not licensed)	c) Last name	d) First name	e) Middle name
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MAILING ADDRESS				
f) Street / Rural route / PO box number			g) City	
h) Province / Territory		i) Postal code	j) Telephone number () -	Extension

12. a) Firearms licence number	b) Date of birth (Y / M / D) (if not licensed)	c) Last name	d) First name	e) Middle name
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MAILING ADDRESS				
f) Street / Rural route / PO box number			g) City	
h) Province / Territory		i) Postal code	j) Telephone number () -	Extension

13. a) Firearms licence number	b) Date of birth (Y / M / D) (if not licensed)	c) Last name	d) First name	e) Middle name
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MAILING ADDRESS				
f) Street / Rural route / PO box number			g) City	
h) Province / Territory		i) Postal code	j) Telephone number () -	Extension

<input type="checkbox"/> Check this box if you have attached additional page(s) listing club members.
