



# PEEL COUNTY GAME AND FISH PROTECTIVE ASSOCIATION

107 Nugget Court - Brampton, ON - L6T 5A9  
www.peelarchery.ca - info@peelarchery.ca



## 2024 Membership Form

Check box below accordingly:

Archery -or-  Air Gun |  Single -or-  Family |  New -or-  Renewal

FIRST NAME : \_\_\_\_\_ LAST NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_ APT/SUITE # : \_\_\_\_\_

CITY : \_\_\_\_\_ POSTAL CODE : \_\_\_\_\_ PHONE # : \_\_\_\_\_

E-MAIL : \_\_\_\_\_ DATE OF BIRTH : \_\_\_\_\_

CHILD NAME #1 : \_\_\_\_\_ DATE OF BIRTH : \_\_\_\_\_

My child is the main archer:

### FAMILY MEMBERSHIP ADDITIONAL INFORMATION

FIRST NAME : \_\_\_\_\_ LAST NAME : \_\_\_\_\_

E-MAIL : \_\_\_\_\_ DATE OF BIRTH : \_\_\_\_\_

CHILD NAME #2 : \_\_\_\_\_ DATE OF BIRTH : \_\_\_\_\_

- All prices are inclusive of HST.
- Single membership price includes 1 adult and 1 child (\$10 more for each additional child)
- Family membership price includes 2 adults (same address) & 2 children (\$10 more for each additional child)
- Cheques payable to "Peel County Game and Fish Protective Association"
- Membership runs on a calendar year; January 01 - December 31 regardless of when the membership was created.
- Children (under 18 years) MUST BE SUPERVISED by their parent(s) or coach at all times.
- There is a \$100.00 volunteer service fee for renewing members. This fee is applied to each member and is waived if the member has completed 8 hours of volunteer work by November 15.

I, the undersigned, do hereby apply for a membership in Peel County Game & Fish Protective Association, and if accepted, do agree along with my family members, to abide by established Club rules and practices. I understand that to provide false information on this application is reason for refusal or revocation of membership. As the primary member applicant I take responsibility for my family members and guest(s) having full knowledge of the club rules and etiquette and operating all archery related gear(s)/equipment(s) in a safe manner. I (along with my family member(s) and guest(s) also understand and accept that not adhering to any of the established range or club rules may lead to forfeiture of my membership without refund of any fees paid.

By accepting the FOB access card/tag, I agree to keep it safe and in my personal possession until such time that I no longer require it, or my membership in the club is terminated. At such time, I will return it to a member of the Board of Directors. I further agree not to mark the key in any way that would prevent its reassignment/re-use. In the event of the loss of card/tag FOB(s), I agree to notify the Board of Directors immediately to allow for its timely deactivation for safety and security reasons. I agree to pay a replacement fee of \$20 for the card, \$31 for the tag.

Peel County Game and Fish Protective Association is committed to protecting your privacy. Your personal information is collected and used for PCGFPA purposes only. PCGFPA does not trade, rent or sell any information to third parties. Please note on-site 24-hour video surveillance.

APPLICANT'S SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_



### OFFICE USE:

Police record -or-  PAL license -or-  gov. employment -or-  OAA lic.

Evaluation form completed :

Payment :  online # \_\_\_\_\_  cheque # \_\_\_\_\_  cash \$ \_\_\_\_\_



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## 2024 Evaluation Form

FIRST NAME : \_\_\_\_\_ LAST NAME : \_\_\_\_\_

TYPE OF BOW : \_\_\_\_\_ MANUFACTURER : \_\_\_\_\_

LIMB POUNDAGE : \_\_\_\_\_ MANUFACTURER : \_\_\_\_\_

ARROW SPINE & LENGTH : \_\_\_\_\_ MANUFACTURER : \_\_\_\_\_

PREVIOUS ARCHERY EXPERIENCES : \_\_\_\_\_

\_\_\_\_\_

*If lessons taken at Peel Archery Club:*

TYPE OF LESSON(S) : \_\_\_\_\_ DATE : \_\_\_\_\_

INSTRUCTOR NAME : \_\_\_\_\_

Discount code received :

I have read the club rules and safety along with club etiquettes :

\_\_\_\_\_

EVALUATOR : \_\_\_\_\_ VISIT DATE 01 : \_\_\_\_\_

EVALUATOR : \_\_\_\_\_ VISIT DATE 02 : \_\_\_\_\_

EVALUATOR : \_\_\_\_\_ VISIT DATE 03 : \_\_\_\_\_

EVALUATOR SIGNATURE : \_\_\_\_\_ SIGNED DATE : \_\_\_\_\_

NOTES : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_