**RETOURNER À : / RETURN TO :**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | CLUB DE TIR BAIE DES CHALEURS | | | | |  | | | |
| 499, RUE CHURCH | | | | |
| NEW CARLISLE QC G0C 1Z0 | | | | | **# Membre / member #** | | | |
| Téléphone : (418) 689-2687 / (418) 752-4449 | | | | | | |  |  |
| Email : fbouchard50@hotmail.com | | | | |  | | | |
|  | | | | | | | | |
| **FORMULAIRE D'ADHÉSION 2024 / 2024 MEMBERSHIP FORM** | | | | | | | | |
| Nom/Name | | | | | Date de naissance/Birth date | | | | | |
| Adresse/Address | | | | | | | | | | |
| Ville/City, Province | | | | | | | Code postal/Postal code | | | |
| # Téléphone/Phone # | | | | | | | # Cellulaire/Cellular # | | | |
| Courriel/Email | | | | | | | | | | |
| # PPA valide/Valid firearm licence # | | | | | | | EXP: | | | |
| # Loi 9/Law 9 # | | | |  | | | | | | |
| # Officiel de tir/ | | | | (joindre une photocopie/joint a copy) | | | | | | |
| # membre FQT/FQT member # | | | | | # membre NFA/NFA member # | | | | | |
| Numéroter les disciplines que vous pratiquez par ordre d’utilisation ( 1 à …)/Check your preferences | | | | | | | | | | |
| Carabine/Rifle \_\_\_\_\_\_ | | | Arme de poing/Handgun \_\_\_\_\_ | | | Arc/Bow \_\_\_\_\_ | | Arbalète/Crossbow\_\_\_\_\_ | | |
|  | | | | | | | | | | |
| **TARIFS/FEE** (18 ans et plus) | | | | | | | | | | |
| ⃝ Membre/Member | Armes de poing, carabine, arc, arbalète / Handgun, rifle, bow, crossbow | | | | | | | | | 140 $ |
| ⃝ Membre/Member | Carabine, arc, arbalète /Rifle, bow, crossbow | | | | | | | | | 110 $ |
|  | | | | | | **TOTAL / TOTAL $** | | | |  |
| Prévoir 15 jours pour recevoir votre carte/Allow 15 days before receiving your card | | | | | | | | | | |
|  | | | | | | | | | | |
| **Montant total inclus : $ Chèque ou mandat-poste** | | | | | | | | | | |
| **Total amount enclosed: $ Cheque or Money Order** | | | | | | | | | | |
|  | | | | | | | | | | |
| **J’ATTESTE PAR MA SIGNATURE QUE J’AI LU ET COMPRIS LES RÈGLES DE SÉCURITÉ DU CLUB** | | | | | **I SIGNIFY BY MY SIGNATURE THAT I HAVE READ AND UNDERSTOOD THE CLUB SAFETY RULES** | | | | | |
| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (JJ/MM/AAAA) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |