



IPSC NB MEMBERSHIP RENEWAL APPLICATION **2018 INSTRUCTION SHEET**

- **PLEASE NOTE: LATE APPLICATIONS WILL REQUIRE AN ADDITIONAL \$10.00 ADMINISTRATION FEE.**
- **APPLICATION FORMS REQUIRE THE SIGNATURE OF THE APPLICANT.**
- **FORMS MUST BE COMPLETELY FILLED IN AND SIGNED OR WILL NOT BE PROCESSED**
- **ENSURE THAT YOU PRINT LEGIBLY AND FILL IN ALL FIELDS**
 - **Full Name**
 - **Full Address (street number, City, Province, Postal Code)**
 - **Phone(s)**
 - **Your Date of Birth (YYYY/M/D)**
 - **Email**
 - **Black Badge number**
 - **Home Shooting Club of which you are a member**
 - **IPSC Official - Instructor Certification**
 - **Indicate Payment method**
 - **If paying your membership fee via EMT, please use IPSCNB as the EMT answer and email to the email address indicated on the form**
 - **Mail your filled in & signed application form to the address stated on the form**
IPSC NB, 151 Route 3, New Market, NB E6K 1W6 OR
 - **Scan your filled in and SIGNED application form and email it to email addresses on form**



IPSC NB MEMBERSHIP NEW MEMBER APPLICATION 2018
 (PLEASE PRINT CLEARLY)

First Name: _____ Last Name: _____
 Postal Address: _____ City: _____ Province: _____
 Postal Code _____ Telephone: Home: _____ Cell: _____
 Date of Birth: _____ Email Address: _____
 YYY/M/D
 Black Badge #: _____ Name of shooting club of which you are a member: _____

Check applicable credentials:

Official / Instructor: RO () CRO () RM () BBI () ROI ()

RO Points to Date: () RO Points for 2017 ()

Payment Method: Mail Cheque () EMT ()

EMT Question: _____ EMT Answer: please use IPSCNB

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| 2018 Membership Renewal Fee for IPSC NB | <u>\$65.00</u> |
| Administration fee for late applications (after March 31, 2018) | <u>\$10.00</u> |
| <p>Email the <u>SIGNED & SCANNED</u> Membership Form to: ipscnewbrunswick@gmail.com</p> <p><u>Subject line state:</u> IPSC NB Membership & Your Name.</p> <p>Or Mail your <u>SIGNED</u> form (to mailing address below)</p> | <p><u>Include in your email:</u></p> <ul style="list-style-type: none"> • The membership form • EMT answer IPSCNB |
| <p>Payment by EMT: Email your EMT via your Bank to: ipscnewbrunswick@gmail.com</p> | |
| <p>Mailing Address for Cheque Payments & Signed Forms: IPSC-NB 151 Route 3 New Market, NB E6K 1W6</p> | <p>Make cheque Payable to IPSC NB</p> |

I hereby apply for membership in the New Brunswick Section of the International Practical Shooting Confederation (IPSC), Region of Canada. I expressly agree to abide by the principles of Practical Shooting, IPSC Canada/IPSC NB Constitutions, bylaws, policies, procedures and rules as set by IPSC NB.

I acknowledge that if I am accepted for membership in IPSC NB, the ID card issued to me remains the property of IPSC New Brunswick and may be cancelled or revoked at any time at the discretion of the Section Coordinator and / or the Executive of IPSC New Brunswick.

In the event of injury or bodily harm while attending or participating in IPSC NB Sanctioned events, I am fully aware that I am participating of my own free will and assume all liability.

I certify, by my signature below, that I have read, understand and agree with the above statement and seek membership in IPSC NB (signature required before acceptance).

Signature: _____ Date: _____