



SHARON GUN CLUB (SGC)

18255 Kennedy Road, Box 329, Sharon Ontario L0G1V0
 Telephone: 905-473-2407 Web: www.sharongunclub.com e-mail - info@sharongunclub.com

MEMBERSHIP FORM: JULY 1, 2026 - JUNE 30, 2027 MEMBERSHIP YEAR

PRIMARY MEMBER (ADULT / SENIOR)			
LEGAL FIRST NAME(S) (PER IDENTIFICATION)		LEGAL LAST NAME (PER IDENTIFICATION)	
FIRST NAME / NICKNAME TO APPEAR ON YOUR MEMBERSHIP BADGE:			
ADDRESS: (STREET & APT. NO)			
CITY, PROVINCE:		POSTAL CODE:	PRIMARY PHONE NUMBER
SECONDARY PHONE NUMBER	EMAIL ADDRESS		DATE OF BIRTH (DD-MM-YYYY)
P.A.L. NUMBER	P.A.L. EXPIRY	C.S.S.A. NUMBER	C.S.S.A. EXPIRY
IF NOT VIA SGC, WHO DO YOU RENEW YOUR CSSA MEMBERSHIP THROUGH?			
SHARE REQUIREMENT			SHARE #:
Primary members (Adult or Senior) of SGC are required to own or be sponsored by an owner not using their share. Indicate name of shareholder if you are borrowing, and attach Share Use Agreement.			LENDER NAME:

PAYMENT INFORMATION

MEMBER TYPE	FEE (NOT INCLUDING HST)	QTY	SUBTOTAL	HST (13%)
ADULT or SENIOR (Senior: 65+ as of July 1 of membership year)	\$580.00 or \$395.00			
SPOUSE/Common Law (Same address as Adult Member)	\$170.00			
STUDENT (Between 18 - 23 years old as of July of the membership year and in fulltime attendance at school)	\$150.00			
YOUTH (18 or Under as of July 1 of the membership year)	\$100.00			
CSSA MEMBERSHIP FAMILY (includes one member, spouse, and children under the age of 21 living at home and in full time attendance at school)	\$80.00			
CSSA GENERAL MEMBERSHIP	\$45.00			
Late Fee if Payment Received after July 31, 2026 (Existing Members)	\$100.00			
Safety Course	\$150.00			
FOB	\$50.00			
REPLACEMENT FOB	\$100.00			
TOTAL				

With my signature below, I agree to abide by all club rules and practices per the SGC Member Handbook. I further agree to comply with all firearms laws and regulations. I also acknowledge that my membership may be terminated by the SGC Board of Directors for any reason, in accordance with the bylaws and Handbook of Sharon Gun Club. Moreover, as SGC's primary form of communication with members is via e-mail and via the News section of the Member Area of www.sharongunclub.com, I hereby authorize SGC to communicate with me via email.

APPLICANT SIGNATURE			DATE
OFFICE USE	PID: (IF NEW, ASSIGN FROM PID LOG)	PAYMENT METHOD <input type="checkbox"/> CARD <input type="checkbox"/> CHEQUE <input type="checkbox"/> CASH <input type="checkbox"/> ONLINE	DATA ENTRY: <input type="checkbox"/> MEMBERSHIP STATUS LOG <input type="checkbox"/> WINPAK <input type="checkbox"/> WILD APRICOT UPDATED/ACTIVATED <input type="checkbox"/> IF NEW, WILD APRICOT EMAIL CREDENTIALS SENT
	CSSA PROCESSING: <input type="checkbox"/> NOT REQUIRED (LIFE, ELSEWHERE) <input type="checkbox"/> TO BE ORDERED		



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DEPENDENT MEMBERS

SPOUSE

LEGAL FIRST NAME(S) (PER IDENTIFICATION)		LEGAL LAST NAME (PER IDENTIFICATION)	
FIRST NAME / NICKNAME TO APPEAR ON YOUR MEMBERSHIP BADGE:		DATE OF BIRTH (DD MMM-YYYY)	
P.A.L. NUMBER	P.A.L. EXPIRY DATE	C.S.S.A. NUMBER	CSSA EXPIRY DATE
PHONE		EMAIL	

STUDENT (18-23 YEARS OLD, FULL-TIME STUDENT) - OR - YOUTH MEMBER (UNDER 18 YEARS OLD)

LEGAL FIRST NAME(S) (PER IDENTIFICATION)		LEGAL LAST NAME (PER IDENTIFICATION)	
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P.A.L. NUMBER (STUDENTS ONLY)	P.A.L. EXPIRY DATE (STUDENTS ONLY)	C.S.S.A. NUMBER	CSSA EXPIRY DATE
PHONE (STUDENTS ONLY, YOUTH USE PARENT'S PHONE)		EMAIL (STUDENTS ONLY, YOUTH USE PARENT'S EMAIL)	

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