



# Algoma Fish and Game Club Sault Ste. Marie, ON CANADA Membership Application

By filling out this application you the applicant consent to follow all bilaws of the Algoma Fish and Game Club (AFGC). Accepted applicants to the Algoma Fish and Game Club will receive a club membership card; which is also your receipt. AFGC memberships correspond with entitlements of an Ontario Federation of Anglers and Hunters (OFAH) membership, such as, club liability insurance coverage, discounts and magazine, etc. *This is not an option unless you are purchasing a Club Basic Adult Membership where it is not applicable.*

Select Choice:	Membership Type:	Fee:
<input type="checkbox"/> Option #1	Adult Membership: 18+ yrs old	\$60.00
<i>Option #1, PLUS;</i>		
<input type="checkbox"/>	Add Spouse/Partner	\$30.00
<input type="checkbox"/>	Add Adult Child: 18-25 yrs old. _____ Children Total	\$20.00 each
<input type="checkbox"/>	Add Teen Child: 13-17 yrs old. _____ Children Total	\$10.00 each
<input type="checkbox"/>	Add Child: Under 13 yrs old. _____ Children Total	\$0.00
<input type="checkbox"/> Option #2	Junior Standalone: Under 18 yrs old	\$35.00
<input type="checkbox"/> Option #3	Club Basic Adult (No magazine, vote or Stream OOD)	\$40.00

\*\*\* Club Basic Adult Membership of AFGC with **no OFAH affiliation**, nor any AFGC membership privileges. **Options #1 and #2** include insurance for all your hunting and fishing activities. Please keep in mind that if your membership has expired for even one day you are not insured.

**PLEASE PRINT CLEARLY AND COMPLETE THE ENTIRE FORM.**

NAME: \_\_\_\_\_ DATE OF BIRTH: MM - DD - YEAR

MAILING ADDRESS: \_\_\_\_\_

CITY /PROVINCE/POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_  CELL  LANDLINE

EMAIL: \_\_\_\_\_

OFAH MEMBER NUMBER (if applicable): \_\_\_\_\_ DATE: MM - DD - YEAR

SIGNATURE: \_\_\_\_\_ DATE: MM - DD - YEAR

**NAMES AND BIRTH DATES OF ADDITIONAL MEMBERS. PLEASE INDICATE AGE IF "Option #1, PLUS" CATEGORY APPLIES.**

NAME: \_\_\_\_\_ D.O.B.: MM - DD - YEAR

NAME: \_\_\_\_\_ D.O.B.: MM - DD - YEAR

NAME: \_\_\_\_\_ D.O.B.: MM - DD - YEAR

NAME: \_\_\_\_\_ D.O.B.: MM - DD - YEAR

NAME: \_\_\_\_\_ D.O.B.: MM - DD - YEAR

PAYMENT MADE BY:  CASH  CHEQUE  ETRANSFER - CONFIRMATION #: \_\_\_\_\_

FOR OFFICE USE ONLY:	AFGC #:
AMOUNT DUE: \$ _____ AMOUNT PAID: \$ _____	RECEIVED BY: _____
TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE - CHEQUE #: _____	DATE RECEIVED: _____
<input type="checkbox"/> ETRANSFER - CONFIRMATION #: _____	<u>MM</u> - <u>DD</u> - <u>YEAR</u>