



WENTWORTH SHOOTING SPORTS CLUB
1500 Stone Church Road East
Hamilton, Ontario
L8W 3V3
Phone: 905.385.5416

A. PERSONAL HISTORY

- | | | | |
|----|---|---|---|
| 1. | Have you ever been or are you currently a member of another gun club?
Please give name of club if applicable _____ | Y | N |
| 2. | Do you possess restricted fire arms at this time? | Y | N |
| 3. | Have you ever been refused or denied a Firearms Acquisition Certificate, or PAL, ATT, Firearms Registration Certificate, Restricted Weapons Registration or permits? | Y | N |
| 4. | Have you had a Firearms Acquisition Certificate or PAL, ATT, Firearms Registration certificate, Restricted Weapons Registration or permits revoked or seized? | Y | N |
| 5. | Have you ever been convicted or discharged (including absolute or conditional discharged) involving the use, carriage, possession, handling or storage of any firearms or ammunition? | Y | N |

If you have answered yes to any of the above questions please give specific details marking reference to the particular question:



WENTWORTH SHOOTING SPORTS CLUB
1500 Stone Church Road East
Hamilton, Ontario
L8W 3V3
Phone: 905.385.5416

B. PERSONAL REFERENCES

FIRST

Please Print:

Last Name: _____

First Name: _____

Address: _____

Res. Phone: _____

City/Town: _____

Bus. Phone: _____

Province: _____

Fax: _____

Postal Code: _____

Email: _____

Occupation: _____

Name of Firm: _____

I have known: _____ for _____ years.

Signature of Reference _____ Date: _____

SECOND

Please Print:

Last Name: _____

First Name: _____

Address: _____

Res. Phone: _____

City/Town: _____

Bus. Phone: _____

Province: _____

Fax: _____

Postal Code: _____

Email: _____

Occupation: _____

Name of Firm: _____

I have known: _____ for _____ years.

Signature of Reference _____ Date: _____

Are your references aware of this application and the information it contains? Y N

If any of the references have not signed in the space provided please explain below:



WENTWORTH SHOOTING SPORTS CLUB
1500 Stone Church Road East
Hamilton, Ontario
L8W 3V3
Phone: 905.385.5416

DECLARATION

I hereby declare that I understand the application and instructions and that the information provided by me in this application is true and correct and to the best of my knowledge. Further, I understand that to make a false or misleading statement(s), either orally or in writing, when applying for membership will result in denial of acceptance for membership with the Wentworth Shooting Sports Club.

Applicants

Signature: _____ Date: _____

WAIVER FOR COLLECTION OF INFORMATION FROM OTHER THAN THE INDIVIDUAL CONCERNED

I _____, hereby authorize and give permission to the Wentworth Shooting Sports Club to collect information concerning myself from the references given on my application inclusive of but not excluding academic records; medical, physical and or mental; employment history including disciplinary records; character and police contact information and criminal record data from sources other than myself in accordance to the MUNICIPAL FREEDOM OF INFORMATION AND PRIVACY ACT.

I further authorize the release of information to the Wentworth Shooting Sports Club by person(s) or organization(s) that may possess it.

This information is used solely for the purpose of assessing my suitability for consideration of membership with the Wentworth Shooting Sports Club.

Applicants

Signature: _____ Date: _____