



Members Wanted!

Please complete this form and mail in with a cheque or money order or e-transfer, or bring with you to your first shoot.

NAME (**Primary Member**): _____ ALIAS: _____

Date of Birth: ____/____/____ E-mail: _____
(Year/Month/Day)

NAME (**Family Member**): _____ ALIAS: _____

Date of Birth: ____/____/____ E-mail: _____
(Year/Month/Day) (if different than above email)

NAME (**Junior**): _____ ALIAS: _____

Date of Birth: ____/____/____
(Year/Month/Day)

MAILING ADDRESS: _____

City: _____ Province: ____ Postal Code: _____ Tel: _____

Signature: _____

AFS Membership fees: includes NFA membership and Insurance

MEMBER \$85.00 **Additional Members** \$25.00 (at same address) **JUNIOR** Free
(17 and under)

MAIL TO: PO Box 733 Condor, Alberta T0M 0P0 Or E-Transfer
albertafrontiersshootists@gmail.com

Membership/s expire December 31st

Shoot dates are posted on our website.