



Parry Sound Anglers & Hunters Inc.

Youth Membership Application

Dated _____

PLEASE PRINT CLEARLY: APPLICATIONS CAN BE SUBMITTED IN PERSON, E-MAIL, OR SNAIL MAIL TO MEMBERSHIP CHAIR, PARRY SOUND ANGLERS & HUNTER INC., P.O. BOX 511, PARRY SOUND, ONTARIO P2A 2X5 or membership@psah.org

(PLEASE FILL OUT THIS FORM COMPLETELY TO AVOID DELAY IN YOUR MEMBERSHIP APPLICATION)

Your Membership Dues must be received prior to this application process starting.

Name _____
Surname First Initial

D.O.B. ____/____/____
DD MM YYYY

PSAH YOUTH



This membership allows the youth to participate in youth events only. To have access to the club anytime the parents must join the club with a regular membership.

Address: _____
Number Street

Town or City: _____ Postal Code _____

Phone No. Home () _____

Cell No. () _____ e-mail address: _____

P.A.L. No. _____ Date of Expiration: ____/____/____ (if you have one)
DD MM YYYY

Please print clearly

Please answer the following questions:

1.) Are you presently a family member of **the Ontario Federation of Anglers and Hunters?** Yes [] No []

If yes, number and expiration date: _____
DD MM YYYY

2.) My main interests for joining the club are

I HEREBY MAKE MY APPLICATION FOR MEMBERSHIP IN THE PARRY SOUND ANGLERS AND HUNTERS INC. AND/OR THE ONTARIO FEDERATION OF ANGLERS AND HUNTERS.

If my application is accepted I will endeavour to uphold and maintain a thorough knowledge of club rules and abide by them. I will endeavour to be a safe shooter and respect other shooter at the club.

Signature of Applicant _____ Dated: _____

Signature of Applicant's Parent or Guardian _____ Dated: _____

New Member Approved at Meeting _____ Date _____
Membership Manager

DUES for Junior Membership

PSAH(Junior) **Individual = \$35** + **OFAH = \$40** **Total \$75**

All Junior Members must be supervised whenever they are involved with an activity while on the grounds of the Parry Sound Anglers and Hunters Facilities.