PARRY SOUND ANGLERS & HUNTERS

MEMBERSHIP RENEWAL FORM

2026 MEMBERSHIP RENEWAL FORM

Please use the following form to renew your membership information and to calculate your membership dues for 2025. Dues will cover the period from Jan. 1, 2026 to Dec. 31, 2026.

Mail the form along with a cheque covering your 2026 dues and donation amount to:

Parry Sound Anglers & Hunters
PO Box 511
Parry Sound, ON
P2A 2X5

Or e-transfer your dues within 1 week of submitting the form in the mail to: **treasurer@psah.org**

1. Select your membership type and annual fees.

☐ Family Membership - $300 Access to Archery, Conservation, Rifle, Trap, *Pistol
☐ Individual Membership - $250 Access to Archery, Conservation, Rifle, Trap, *Pistol
☐ Associate Membership - $150 Access to Conservation and Archery *

Access to the Pistol Range is dependent upon licensing and club certification.

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2. OFAH Membership Information.

OFAH Membership Number (If known): _____

OFAH Membership is required and will be processed by the Club. If you hold an OFAH Membership separately or through another club, a portion of your membership dues will be directed to our Conservation activities.

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3. Member Information.

First Name: _____ Last Name: _____

PSAH Member #: _____

Phone #: _____ Alternate #: _____

Email: _____ Birth Date: _____

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MEMBERSHIP RENEWAL FORM

4. Primary Residence Address (Must match PAL/RPAL).

Street Number: _____ Street Name: _____

Address Line 2: _____

City: _____ Province: _____

Postal Code: _____

Local Address (Enter only if you are NOT a full-time resident of the Parry Sound area).

Street Number: _____ Street Name: _____

Address Line 2: _____

City: _____ Province: _____

Postal Code: _____

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5. License Information:

☐ PAL (non-restricted firearms only)
☐ RPAL (restricted or non-restricted firearms)
☐ No PAL (firearms may only be handled in presence of a valid member with PAL/RPAL)

PAL/RPAL Number: _____ Expiry Date: _____

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MEMBERSHIP RENEWAL FORM

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6. Associate/Family Members

Associate Member #1 (19 years of age or older).

First Name: _____ Last Name: _____

Email: _____

Associate Member License Information:

- ☐ PAL (non-restricted firearms only)
- ☐ RPAL (restricted or non-restricted firearms)
- ☐ No PAL (firearms may only be handled in presence of a valid member with PAL/RPAL)

PAL/RPAL#: _____ Expiry Date: _____

Birth Date: _____ (IF PAL / RPAL Holder)

Associate Member #2 (19 years of age or older).

First Name: _____ Last Name: _____ **Associate**

Member License Information:

- ☐ PAL (non-restricted firearms only)
- ☐ RPAL (restricted or non-restricted firearms)
- ☐ No PAL (firearms may only be handled in presence of a valid member with PAL/RPAL)

PAL/RPAL#: _____ Expiry Date: _____

Birth Date: _____ (IF PAL / RPAL Holder)

Children (under 19 years of age):

PARRY SOUND ANGLERS & HUNTERS

MEMBERSHIP RENEWAL FORM

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

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7. Please review your information to ensure this form is complete and correct.

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8. Donations

Please indicate if you would like to donate to the Club's conservation efforts by entering the amount and adding it to your overall fees.

Donation Amount: _____

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9. Payment:

☐ I have included a cheque for my dues with this form.

☐ I will e-transfer my dues to: **treasurer@psah.org**

If paying via e-transfer, please do so within 1 week of mailing this form and include your membership number or last name in the notes field.