WILLIAMS LAKE SPORTSMEN'S ASSOCIATION
Membership/Renewal Application

(03-2026)

* Designates required information

DAY /MONTH/YEAR

New Membership: Y / N Renewal Membership Number _____ *Application/Submission Date _____/_____/_____

*** TYPE OF MEMBERSHIP**

Adult $105 _____ Senior (65yrs + >) $70 _____ Junior (<19yr) $60 _____

Adult Couple $125 _____ Senior Adult Couple $90 _____ Family - 2 Adults + 1 – 4 Youth $145 _____

(Please use page 2 to add Youths to the Family membership. If you have more than 4 youth, please email: membership@wlsa.ca)

(If no email is provided, membership cards will mailed via Canada Post unless other arraignments are made.)

*** PAYMENT**

Cash $_____ Cheque $_____ Purchased at: Blue Mountain _____ Chilcotin Guns _____ Other _____

NOTE: Paper applications are reviewed/processed on a monthly basis. Information that is illegible or missing may require the application to be returned to applicant by Canada Post for correction. PLEASE PRINT CLEARLY AND COMPLETE REQUIRED AREAS.

PRIMARY MEMBER

*** Member Name (Last)** _____ *** Name (First)** _____

*** Address** _____ **Unit** _____

*** City** _____ *** Province** _____ *** Postal Code** _____

*** Phone** _____ *** Date of Birth:** _____ / _____ /_____

DAY/MONTH/YEAR

E-mail _____

PAL Number _____

I HAVE READ THE AGREEMENT AND THE RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT,

I UNDERSTAND IT, AND I AGREE TO BE BOUND BY THE STATEMENT OF UNDERSTANDING AND LIABILITY WAIVER AND RELEASE LIABILITY, WAIVER OF CLAIM AND INDEMNITY AGREEMENT.

(AVAILABLE ON THE WILLIAMS LAKE SPORTSMEN'S ASSOCIATION WEBSITE (https://wlsa.ca/), EMAIL TO membership@wlsa.ca REQUESTING A COPY OR BY CANADA POST REQUEST TO "THE WILLIAMS LAKE SPORTSMEN'S ASSOCIATION, PO BOX 4097 | 920 BOND LAKE RD, WILLIAMS LAKE BC V2G 2V2")

DAY/MONTH/YEAR

*** Signature:** _____ *** Date**: _____ / _____ /_____

PARTNER
(if applicable)

*** Partner Name (Last)**_____ *** Name (First)** _____

*** Date of Birth:** _____ / _____ /_____ Membership # _____

DAY/MONTH/YEAR

E-mail _____ PAL Number _____

INCOMPLETE APPLICATIONS MAY BE SUBJECT TO PROCESSING DELAY OR RETURN TO APPLICANT.
The WILLIAMS LAKE SPORTSMEN'S ASSOCIATION reserves the right to verify information provided.

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* **Member Name (Last)** _____ * **Name (First)** _____
(Primary Member)

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT (YOUTH MEMBERS UNDER 19 YEARS (18 YEARS and Under)

Signature of Parent or Guardian If Participant Is a Minor (Youth under 19), and by your signature, you, on their behalf, release all claim that both you and the minor youth have.

* **Signature:** _____ * **Date:** _____ / _____ /_____
DAY/MONTH/YEAR

* **Print Name**: _____ * **Relationship** _____

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1 – Youth

* **Name (Last)** _____ * **Name (First)** _____

* **Date of Birth:** _____ / _____ /_____
DAY/MONTH/YEAR

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2 - Youth

* **Name (Last)** _____ * **Name (First)** _____

* **Date of Birth:** _____ / _____ /_____
DAY/MONTH/YEAR

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3 - Youth

* **Name (Last)** _____ * **Name (First)** _____

* **Date of Birth:** _____ / _____ /_____
DAY/MONTH/YEAR

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4 – Youth

* **Name (Last)** _____ * **Name (First)** _____

* **Date of Birth:** _____ / _____ /_____
DAY/MONTH/YEAR

(Do you have more than 4 youth to register, contact us at membership@wlsa.ca before registering, we can help)

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