***\*Check out our Website*: www.whitewolfhunting.com**

**All memberships expire December 31st in the following year.**

**\*Attention: Pro-rated memberships are now discontinued\***

***REGULAR MEMBERSHIP APPLICATION***

**NEW RENEWAL**

**Please Print:**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**P.O. Box# Town/City**

**POSTAL CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB/AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAL #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**SINGLE FAMILY**

**SPOUSE’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB /AGE: \_\_\_\_\_\_\_\_\_\_**

**How many CHILDREN do you have 17 & under? # \_\_\_\_\_\_\_\_\_\_\_**

**AGES 12-17 (incl) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB /AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TYPE Yearly Fee**

**SINGLE $155.00**

**FAMILY $165.00**

**YOUTH $50.00**

**Mail completed forms with appropriate fee to: BOX 22 FORT ALEXANDER, MB R0E 0P0**

**OR**

**Drop off at White Wolf Shooting Range – Hwy #59 - Rd#99159 Beaconia, MB.**

**Fund Donation: ($10.00 recommended) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cheque Payable to: Alexander Wildlife Association or e-transfer to:** [**wwolf1@live.com**](mailto:wwolf1@live.com)

**IF YOU MOVE, PLEASE NOTIFY US AT THE ABOVE NOTED ADDRESS.**

**AFFIDAVIT: I certify I have read and understood the Range Rules & Regulations & agree to comply.**

**Parent/Guardian Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**\*only for youth membership\***

**Member Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**