



FORT MCMURRAY FISH & GAME
ASSOCIATION
Membership Application

Name: _____ PAL #: _____

Address: _____ Postal Code: _____

Email address: _____ Phone Number: _____

Vehicle Plate # _____ Province _____

*Are you willing to volunteer for FMFGA events? Check box if yes

*Are you willing to volunteer for Range Improvement Work Days? Check box if yes

If you are requesting a Family Membership please list your spouse/significant other and any children below:
Please Note: A family membership consists of 2 adults and dependent children under the age of 18

Name	Date of Birth Y/M
Primary Card Holder:	
Spouse:	
Child:	
Child:	
Child:	

WAIVER

I understand that I am responsible for myself and others around me at all times that I am at the Fort McMurray Fish & Game Association (FMFGA) property, including all areas without limitations of: 04-09-087-14NW Regional Municipality of WOOD BUFFALO, AB (FMFGA) lease and property.

(initial) If I act in any manner that may potentially cause injury to any person, damage the property or ANY of its facilities, I SHALL therefore FORFEIT my membership privileges and they shall be deemed REVOKED for the current year or more.

(initial) I agree to report any unsafe actions or acts causing damage to any part of the FMFGA property to a member of the Executive team

(initial) I have READ the FMFGA Range Rules of Use and AGREE to abide by these rules at ALL times

PLEASE NOTE: Memberships are annual and expire on December 31 of the current year. \$250 per year.

Member's Signature: _____

Date: DD / MM / YY

OFFICE USE ONLY

Membership Gate Access Card #: