APPLICATION FOR HURONIA HAND GUN CLUB COVID HARDSHIP POLICY

L9M 2G3

Fill out this form to apply. PRINT NEATLY. Note that you must return your membership card with this signed and completed form.

NAME			
		PHONE	
		EMAIL	
I the undersigned understand that my membership in a one year Jan $1^{\rm st}$ 2021 to Dec $31^{\rm st}$ 2021. During this time any reason. I understand that I will not be insured thro	e I understand that I may NOT attend the club for		
Signature	Date		
Mail this form and your membership card to.			
Huronia Hand Gun Club			
PO Box 5096			
Penetanguishene ON			