

High Prairie Fish & Game Assoc.

P.O. Box 713 High Prairie, AB. T0G 1E0 hpfishandgame.com

Member#

Membership Registration/Application Date: _____

Name: _____ D.O.B. (Mandatory): _____

Mailing Address (Street, P.O.) _____

City, Province _____ Postal Code: _____

Telephone Number: _____

E-Mail: _____

Membership: New: _____ Renewal: _____

Type of Membership: Individual \$80 _____ Family \$100 _____

Donation: (your donations help fund improvements to our facility) \$ _____

Paid by: Cash _____ Cheque _____ CC _____ Debit _____

Family Member Information

Spouse: Name _____ D.O.B. _____ # _____

Children (Must be UNDER 18 years of age at time of sign-up)

Name: _____ D.O.B. _____ # _____

Name: _____ D.O.B. _____ # _____

Name: _____ D.O.B. _____ # _____

List others on back if needed

The information provided may be disclosed to our insurance provider if requested. By signing below you are agreeing to the release of the information you provided above.

Member Signature: _____