OFFICE USE ONLY: Payment Date	te Amount	\$\$	EMT	Chq



# **GEORGIAN BAY HUNTERS AND ANGLERS**

Application for Membership (OFAH Membership Included)

Full Name:	Spouse:(If family membership)		
GBHA Membership #:	OFAH Membership #:		
Drivers Licence #:			
PAL #:			
Address:			
	Postal Code:		
	Fostal Code:		
FAMILY MEMBERSHIP ONLY (New			
Family Members including date of Birth	n. Children ove	er the age of 18 must be attending school.	
(Please provide school name and stud	ent ID number	for students over 18)	
1	Date of Birth:		
2	Date of Birth:		
3.	Date of Birth:		
		**********	
JEW MEMPERSHIP ONLY: ***ALL n		ust complete the mandatory orientation before	
Name of Sponsor:	<u>-</u>		
	Sponsor Email:		
		*************	
Single Membership <b>NEW</b>	\$240.00	10 Volunteer Hours completed	
Single Membership RENEWAL	\$200.00	OR	
Family Membership <b>NEW</b>	\$290.00	3 Dinner Meetings attended	
Family Membership <b>RENEWAL</b>	\$250.00	· ·	
Honorary Membership	\$85.00	**Failure to complete volunteer hours	
Affiliate Membership	\$550.00	dinner meetings \$100.00 charge	
*****Volunteer hours-All members are required to do 10 hours of volun requirements, there will be an additional charge of \$100.00 at time of r		ner meetings per year (January to December). If the member fails to meet these	
Members are responsible for presenting their membership card to the	event co-ordinator or at the	e door for dinner meetings. They are also responsible for returning the	

Date:\_\_\_\_\_

Members signature:

## WAIVER AND RELEASE OF LIABILITY, ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

abilit	ent of risk, you musy. By signing this W	st read and sign this document. If you h	<b>NT.</b> Prior to participating in a GBHA Inc. program which includes a high have any questions, please ask and we will answer to the best of our ent, Acknowledgement and Assumption of Risks, you give up the right to operty damages howsoever caused.
<u>1.</u>	Parties to thi	s waiver and release, acknowled	gement, and assumption of risks agreement
	(Print) Name:		known as the "Releasor"
	(Print) Addres	s of the Releasor	
	indemnify Georgi 3175 Ogden's Name & Natu	an Bay Hunters and Anglers Incorp	nent of Risks and hereby release, hold harmless and porated GBHA Inc.: Known as the "Releasee" coe County, P.O. Box 591 Midland Ont., L4R 0A7
<u>2.</u>	Waiver and F		
agre and losse acqu Initial [ to su	hold harmless the es, injuries and ex uit and covenant n  I agree to ue the Releasee a	ever discharge: <b>Georgian Bay Hun</b> e GBHA Inc., their officers, agents, variety expenses arising out of or resulting from to sue Releasee, their volunteers of waive any and all claims I may have and its officers, agents or volunteers	known as the "Releasor", nters and Anglers Incorporated. (GBHA Inc.) I agree to indemnify volunteers and representatives from any and all claims, damages, rom participating in these activities. I further agree to release, is or agents for any and all actions of the Releasee. We against the Releasee and release from all liability and agree now for any personal injury, death, property damage, or loss sustained butdoor activity arising out of any cause whatsoever.
<u>3.</u>	Acknowledge	ement:	
fully I und	understand the riderstand that this	sks and dangers associated with the	and dangers that may cause serious injury and possibly death. I be "Activities" and accept same entirely at my own risk. Beins a promise not to sue the Releasee or any of its members and for all claims.
Initial [	I fully cor	•	cations of this agreement and am aware of the risks and accept
Rele cons		agents or volunteers to induce me	y oral or written representation of statements made by the and/or my child to participate other than those set out in this
requ ward term the d	ired above. I hav d. In the event for s of this release.	e read and understand and execute any reason, it is determined that m I agree to indemnify GBHA Inc. (R	participant, I have completed the Agreement as the "Releasor" as e this Waiver and Release (Agreement) on behalf of the child/ by execution of this Agreement is not to be effective to impose the eleasee) with all respects to all claims advanced by or on behalf of curring and agree that this activity is suitable for my son or
Date	)	Name of Child/Children attending	]
Birtl	ndate(s)		
Rele	easor signature		
Witn	ess signature		

#### **PAYMENT INFORMATION:**

#### E-Transfer:

Payments can be made to <a href="mailto:gbhaclub@gmail.com">gbhaclub@gmail.com</a>

\*\*Please include your full name in the comment section

### Cheque:

Payments can be made payable to: Georgian Bay Hunters and Anglers Inc.

Mail cheques to:

GBHA Club Membership Chair C/O Amy Preston 27 Dorcas Avenue Tiny, ON. L0L2T0

#### **MEMBERSHIP CHAIR CONTACT:**

Amy Preston

Phone: 705-427-5121

Email: almpreston0127@gmail.com

**Renewal Membership** applications are accepted October 1-December 31, NO exceptions. Any applications sent before October 1 or after Dec 31 will NOT be accepted. \*\*\*Any memberships electronically renewed MUST have a picture of the front and back of the membership card attached in order to be considered complete\*\*\*

**New Memberships** accepted January 1 - January 31 NO exceptions **GBHA Executive reserves the right to deny or revoke any membership.**