

M
Manitoba

P
Provincial

H
Handgun

A
Association

CLUB AFFILIATION APPLICATION

CLUB PARTICULARS

Registered Name: _____		
Mailing Address: _____		
City/Town: _____	Province: _____	
Postal Code: _____	FAX # _____	E-Mail: _____

CLUB EXECUTIVE

President:		
Address: _____		
City/Town: _____	Province: _____	
Postal Code: _____	Home Phone () _____	Work Phone () _____

Vice-President:		
Address: _____		
City/Town: _____	Province: _____	
Postal Code: _____	Home Phone () _____	Work Phone () _____

Secretary:		
Address: _____		
City/Town: _____	Province: _____	
Postal Code: _____	Home Phone () _____	Work Phone () _____

Treasurer:		
Address: _____		
City/Town: _____	Province: _____	
Postal Code: _____	Home Phone () _____	Work Phone () _____

MPHA/Club Liaison		
Address: _____		
City/Town: _____	Province: _____	
Postal Code: _____	Home Phone () _____	Work Phone () _____

(SEE REVERSE)

CLUB STATISTICS	
Number of Members in your club:	Number of matches per year:
Average number of shooters in matches above	Number of training courses offered by your club each year:

RANGE LOCATION	
Street or legal land description:	
City/Town	Province:
Range Telephone No.: ()	Range FAX No.: ()

AGREEMENT

I, the undersigned, submit this application for affiliation with the Manitoba Provincial Handgun Association on behalf of the club noted on the face of this document. In making this application, I certify that our organization is an incorporated society and/or is a gun club "approved" by the Attorney General in the Province in which our premises are located. I further agree that our Club will comply with the rules and regulations of the specific discipline in relation to any competitions that we may host.

Submitted by (Signature):	Date Submitted:
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Please forward this completed form, in addition to cheque or money order in the amount of \$25.00 to:

**MPHA
PO Box 314 RPO Corydon Ave.
Winnipeg, Manitoba
R3M 3S7**

FOR MPHA USE ONLY	
Date Received:	Remittance:
Date Approved:	Approving Officer:
Date Certificate Forwarded:	Date Fee Forwarded: