

SBPA Application Form

GOALS: *To provide a common voice for all Black Powder Shooters in the Province.
To encourage development of the old skills and trades related to Black Powder.
To co-ordinate activities of the Black Powder Shooters of the province*

Membership Fee: -Single (\$6.00) - Family (\$10.00) Children Must be less than 18 years of age.

Dues run from 1 January to 31 December of each year and must be a member in good standing to receive a newsletter

Name: _____ (Please Print)___

Address: _____ Please list family members below:

City/Town: _____

Province: _____

Postal Code: __ _ _ _ _

Phone Number: (_ _ _) _ _ _ _ - _ _ _ _

E-mail address : _____

Year of Last Membership: _____

Waiver

I, the above named, hereby apply for membership in the **Saskatchewan Black Powder Association Inc.** and agree to abide by the rules of the Association and will at no time conduct myself in an unlawful or negligent manner in the handling of firearms.

In consideration of the Association accepting me as a member, I agree to assume all risk of injury to myself and to my property and will not hold the Association or any officer or member thereof responsible for any injury or damage I may suffer to my person or property.

Provided, however, nothing herein shall release from liability any person, whether member or not who personally by their neglect, or otherwise, causes me any such injury or damage.

Date

Signature

What are your interests in the Sport of Black Powder (check all that apply):

Hunting Awards Banquet Competitive Shooting Buck Skinning

Other (please specify): _____

Web page: www.sbpal7.com