



British Columbia Rifle Association Membership Application – 2025

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|---|-----------------|--|----------|
| First Name: | | Initial: | Surname: |
| Street Address: | | City: | |
| Province/State: | | Postal/Zip Code: | |
| Phone: () - | E mail Address: | | |
| Firearms License: Yes No | | PAL Expiry Date: DD / MM / YYYY | |
| <p>Be PREPARED to show your FIREARMS LICENCE for Identification – if you want to shoot For an LTATT endorsement to be valid, you MUST be a BCRA Member in Good-Standing If we cannot read this form – you will not be entered correctly – PLEASE PRINT CLEARLY</p> | | | |
| <p>I am interested in: Target Rifle F- Class..... Service Conditions Precision Rifle..... Volunteering as RSO Sentry Stats Volunteer at a shoot/match</p> | | | |
| Membership Fees from over leaf \$ Please pay Membership separate to Event Fees | | U25 Birth Date (must be 24 or less April 1, current year): DD / MM / YYYY | |
| <p>I certify that the information in this application is correct. I will abide by the rules and Bylaws of the British Columbia Rifle Association. I consent to the use of my name and picture(s) for awards and promotion according to the BCRA Privacy Policy</p> | | | |
| Signature: DO NOT PUBLISH MY NAME I am legal Guardian. | | Date: DD / MM / YYYY | |
| Membership cards will be emailed to you Save this email and print your membership as required Proof of BCRA and DCRA Membership (where applicable) will be required at all shooting events | | Payment Method: Cash: Cheque: E-Transfer: | |

If paying by cheque, please make cheque payable to *British Columbia Rifle Association*.

- Only pay MEMBERSHIP and DONATION amount with this cheque.

Mail completed form, **both pages must be filled in**, and payment to:

BC Rifle Association – Membership Application
PO Box 2418, Sardis Station Main,
Chilliwack, B.C. V2R 1A7



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- BCRA Membership -

| | | |
|---|---------------|----|
| April 1 to March 31 | \$30 per year | \$ |
| Puts you on the BCRA contact list for shoots, events and Provincial Championships | | |
| | Donation | \$ |
| | Total | \$ |

Please check the BCRA website, www.bcrifle.org for electronic payment options and Calendar of Events

NOTES:

1. A BCRA membership is required to shoot at all British Columbia Provincial Championships
2. Membership year runs from 1st April to 31st March
3. A DCRA membership is required to shoot on Military ranges
4. Proof of BCRA / DCRA membership (where applicable) is required
5. A current list of BCRA members will be at every shoot for verification
6. BCRA / DCRA MEMBERSHIPS will not be available for purchase at events
7. **The BCRA have added more EVENTS, TRAINING, and INSURANCE.**
Hopefully we will get more members to volunteer at matches.
If you are not able to donate time, please consider donating \$25 or so instead.

If you wish to pay by cheque:

Please fill in this form and mail form and cheque to:

PO Box 2418, Sardis Station Main, Chilliwack, B.C., V2R 1A7

Make cheque payable to "The BCRA"

If you wish to pay by E-Transfer:

Please fill in this form and email to

E-Transfer the correct amount to

(password=> BCRA2025)

membership@bcrifle.org

treasurer@bcrifle.org

please use the same email address to SEND the E-Transfer from as listed on this form

If you wish to do this all online and pay through PayPal:

Please go to: [British Columbia Rifle Association - Membership](http://www.bcrifle.org)

www.bcrifle.org

<membership page>

Be Safe, Learn, Teach and have FUN!



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Waiver

I agree to abide by the rules and conditions governing British Columbia Rifle Association (BCRA) activities, including, but not limited to competitions and practices.

I certify that the information entered my membership form is correct, and I accept full responsibility for any errors or misinformation.

I understand and agree that neither the Department of National Defense (DND), nor the British Columbia Rifle Association (BCRA) is responsible in any way for the loss, theft or damage to personal firearms.

Notice:

Canadian Forces Administration Order DAOD 3002-5 requires that the firearms and ammunition used on DND ranges be serviceable and safe and that the Crown is indemnified from all liabilities arising from the use of the DND facility by the Dominion of Canada Rifle Association and its affiliates, including the BCRA. I certify that the firearms and self-supplied ammunition I will use during BCRA activities meet the conditions stated above. I indemnify the Crown of all liabilities arising from my use of DND Ranges.

Name: (Please print) _____

Signature: _____

Date: _____