

**Valley Trails Wildlife Federation  
2024 Membership Renewal Form**

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

Name: \_\_\_\_\_

Year of Birth: \_\_\_\_\_ M / F

Mailing (**NOT HOME**) Address: \_\_\_\_\_

City / Town, Province \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: **HOME / CELL** (Circle One) \_\_\_\_\_

Email (required for range membership): \_\_\_\_\_

Family Members to add: \_\_\_\_\_ M / F

(Spouse and/or children 25 & under  
who live in the same residence)

Name	M / F	Year of Birth
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**\*\*Birthdates are Mandatory\*\***

Name	M / F	Year of Birth
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Name	M / F	Year of Birth
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Name	M / F	Year of Birth
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Name	M / F	Year of Birth
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Are you interested in volunteering? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe

*\*\*\*Please Circle Which of the Following Apply to your membership\*\*\**

**Valley Trails Wildlife Federation Membership**

Regular Membership \$30    Family Membership \$40

**VTWF Shooting Range Membership**

Regular Range Membership \$50    Family Range Membership \$60

*\*\*Range members **MUST** purchase a Valley Trails Wildlife Federation Membership\*\**

**\*\*\* PLEASE CIRCLE ONE\*\*\***

Amount Enclosed:                      **\$30      \$40      \$80      \$100**

*Please make cheques payable to Valley Trails Wildlife Federation*

Return by mail with enclosed cheque to:

Valley Trails Wildlife

Box 336

Hague, Sk

S0K 1X0

## Acknowledgement of Range Responsibilities

**\*\*\* For ALL Range Renewals \*\*\***

I, \_\_\_\_\_, Have read, understand, and acknowledge my responsibility and duties to abide by and adhere to the Shooting Range Rules & Regulations and Code of Conduct. I accept full responsibility for my actions and activities while on the shooting range. Should I choose to bring a guest with me using a purchased guest pass, I agree that any activities and conduct of my guest while on the range is also my responsibility.

I further accept any penalty and consequences deemed necessary by the Range Committee for any violation or infraction thereof which may include monetary fines up to and including loss of membership privileges.

PAL # \_\_\_\_\_ ( Required For ALL Range Members )

Additional PAL #'s ( If Applicable )

SPOUSE PAL# \_\_\_\_\_

Children's PAL# \_\_\_\_\_

NAME \_\_\_\_\_

Children's PAL# \_\_\_\_\_

NAME \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_