



CCFR
Canadian Coalition for Firearm Rights

Membership Application Form

INDIVIDUAL (\$40/YEAR)

SENIOR (\$25/YEAR)

LIFETIME (\$1000)

LIFE SENIOR (\$650)

FAMILY (\$60/YEAR)

BUSINESS (\$250/YEAR)

STUDENT (\$20/YEAR)

**CLUB (\$60/YEAR
+MEMBER FEES*)**

FULL LEGAL NAME OF MEMBER (PERSON, BUSINESS OR CLUB)

DATE OF BIRTH (MM/DD/YYYY)

RESIDENTIAL ADDRESS (FOR INDIVIDUALS/FAMILIES-CANNOT BE A P.O. BOX)

MAILING ADDRESS (CAN BE A P.O. BOX)

BUSINESS ADDRESS (FOR BUSINESSES/CLUBS-CANNOT BE A P.O. BOX)

**MAILING ADDRESS IS THE SAME AS
RESIDENTIAL OR BUSINESS ADDRESS**

CITY

PROVINCE

POSTAL CODE

CITY

PROVINCE

POSTAL CODE

CELL PHONE

HOME PHONE

EMAIL ADDRESS

FAMILY MEMBERS (ONLY APPLICABLE FOR FAMILY MEMBERSHIPS)
PLEASE LIST THE FULL NAME OF YOUR SPOUSE AND ANY CHILDREN
UNDER THE AGE OF 18 (ATTACH ADDITIONAL SHEET IF REQUIRED)

SPOUSE

CHILD 1

CHILD 2

CHILD 3

CHILD 4

CHILD 5

CHILD 6

CHILD 7

***PLEASE CONTACT US AT [INFO@FIREARMRIGHTS.CA](mailto:info@firearmrights.ca) FOR MORE**
INFORMATION ON CLUB MEMBERSHIP FEES AND REQUIREMENTS

PAYMENT INFORMATION

RENEWAL?

TOTAL MEMBERSHIP FEES

ADDITIONAL DONATION

**OPTIONAL LEGAL SERVICES
BUNDLE (\$25/YEAR)**

TOTAL PAYABLE

**CREDIT
CARD**

CHEQUE

**MONEY
ORDER**

CASH

CARD #

EXP

SIGN HERE

CVV