

PEMBROKE OUTDOOR SPORTS CLUB 2026 AGENCY MEMBERSHIP FORM

This agency membership will expire **one year from date of application approval**. Contact the Membership Chair for any questions on the required dues & documents. Application **will not** be processed without all required information.

Please Print Clearly

Agency Name: _____

Billing Address: _____

City: _____ Postal Code: _____ Province: _____

Phone #: _____ Email: _____

Main Contact:

First Name: _____ Last Name: _____

Office Mailing Address: _____

City: _____ Postal Code: _____ Province: _____

Phone #: _____ Email: _____

As the lead training instructor I understand & agree to abide by all Articles of the POSC Constitution & By-Laws including all posted shooting range rules, & stay responsible for the access key & codes to the facility.

Date: _____ Signature **(Required)**: _____

Required Document Checklist:

Copy of Valid Insurance Policy

Approved list of "Supervisor/Instructors"

Check All Rental Options Our Agency Will Require;

- Outdoor Lower Range; 50 meter
- Outdoor Lower Range; 100-150 meter
- Clubhouse Hall

Rental Time Options:

- Daytime
- Night



For any additional instructors, fill out the required info below.

FULL NAME

#1: _____

#2: _____

#3: _____

#4: _____

Cost of an Agency Membership is \$500.00 a year.

Please enclose Cheque or Money order and mail to or drop off at:

**Pembroke Outdoor Sports Club
PO Box 354, Pembroke, ON K8A 6X6
Attn: Membership Chair**

OFFICE USE ONLY – DD/MM/YY

Club Exp Date: _____

Invoiced: _____

Payment Received _____