



# 2023 Junior Membership Form

Memberships will expire **one year from date entered**. With this membership, I will become a member of the Ontario Federation of Anglers and Hunters and entitled to all benefits under the (third party) OFAH sportsman liability Insurance, as soon as the O.F.A.H receives my membership dues. **All club members must be a member of the OFAH for the entire membership year.** Contact the Membership Chair at [poscmembership@gmail.com](mailto:poscmembership@gmail.com) for any questions on the required dues. Application **will not** be processed without all info entered.

*All members are required to complete the Safety Orientation course, upon successful completion members will be issued a RANGE OFFICER (RO) card, only qualified RO's are allowed to access the POSC & use the ranges without supervision, non-RO qualified require an RO present to use the ranges.*

Junior members shall be those members up to 25 years of age & enrolled in a full time at a recognized educational institution. Junior members are not eligible for an Executive position nor have voting privileges.

**Once a Junior Member reaches the age of 25 their Junior OFAH Membership & Junior POSC Membership expires.**

CHECK APPLICABLE BOXES:  **New Member**       **Renewing Member**  

*Current #*

*Current#*

**PLEASE PRINT CLEARLY**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Province: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Birth (Required): *YY/MM/DD*

Name of Educational Institution: \_\_\_\_\_ Student # \_\_\_\_\_

E-mail Address (PRINT LEGIBLY): \_\_\_\_\_

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

*(If Under 18 Years of Age):*

Parent or Guardian Name (PRINT): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

**CHECK APPLICABLE BOX FOR DUES;**

- Junior POSC Membership With Outdoors Magazine = \$64.00
- Junior POSC Membership without Magazine = \$39.00

*Cash - CHQ -EMT*

Enclose cash-cheque or money order & mail to:

**Pembroke Outdoor Sports Club- Attn: Membership Chair  
P.O. Box 354 Pembroke ON K8A 6X6**

*OFFICE USE ONLY*

Club Exp Date: \_\_\_\_\_  
Course Comp: \_\_\_\_\_  
  
OFAH # \_\_\_\_\_  
OFAH Exp Date: \_\_\_\_\_

EMT Sent to [postreasuer@gmail.com](mailto:postreasuer@gmail.com) – Question- JR##Lastname – Answer POSC2023