

THE BULLET BOX LTD.

The **Bullet Box Ltd.** is an organization whose activities include target practice and / or target-shooting competitions using authorized firearms at **The Bullet Box Indoor Range Facility**. A range approved by the Chief Firearms Office (CFO) of Nova Scotia.

My Application for: The Silver Package _____
 The Gold Package _____
 The Platinum Package _____



For Office Use Only

The Membership Number Assigned to this applicant _____	Start Date: _____
Initial that the applicant provided three types of identification: _____	End Date: _____

Print Clearly Please

Personal Information

Last Name	Name	Middle Name
Date of Birth	City of Birth	Province of Birth
Residence: Civic and Mailing address (incl Street, PO Box No. and / or Route No.)		Apt. No.
City	Province	Postal Code
Home Phone Number:	Cell Phone Number:	Work Phone Number:

Character Reference Information

No. 1 - Full Name	Phone Number	Civic Address
No. 2 - Full Name	Phone Number	Civic Address
Company Name of Employer		Your Occupation

Languages (Circle all that apply) English French or Other (Specify) _____

Are you Handicapped in a way that should be known to The Bullet Box? Yes No

If yes, what way?

Firearms Experience

Do you belong to a registered gun club? Yes No
If yes, which one(s)? _____
List any firearms related experience or training that you have:(including firearms courses)

Applicants License Information

Possession only of Acquisition License No.: _____ Expiry Date: _____	Circle all that apply: I have a: PAL or a RPAL
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Applicant Declaration

I declare that the information provided on this form is true and correct to the best of my knowledge. I hereby consent to the release of this information to the Chief Firearms Office and the National Firearms Association of Canada.

I understand that the executive officers of **The Bullet Box Ltd.** may revoke my membership (at any time) should it be determined by them that my conduct is unbecoming of what is expected from all its Range members.

I understand that The Bullet Box Ltd. reserves the right to change the hours of range operation, close the range for some training events and maintenance, and allow periodic rentals to corporate organizations mainly during what is determined our low range usage times by members. These events will be posted on our website calendar once fully established.

Yes, I would like to become a member of **The Bullet Box Indoor Range** in cooperation with **The Bullet Box Ltd.** I agree to adhere to the Range's conduct and regulation requirements and take the safety training they will provide me.

I understand and agree to follow the terms set out in the above form.

Signature: _____

Date: _____