



Official Use Only: Joined _____ Member# _____
---

For Information Please Visit – <http://www.tmsa.net>

<b>2012 MEMBERSHIP APPLICATION AND RENEWAL FORM</b>	Please Print
---	-----------------

(First and Last Name only!)

First:	Last:	Date:
Address:		Home Phone:
City:		Business Phone:
Postal Code:		Email:

Were you a member last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If “no”, complete <b>Box A.</b> If “yes”, complete <b>Box B.</b>
---	--

Box A		
What type of Membership are you applying for? <input type="checkbox"/> Associate Membership <input type="checkbox"/> Family Membership		
If this is a Family Membership, please list the names of family member(s) and relationship to you:		
*** List Family Members Names – <b>No Names, No Card!</b> – Maximum 3 Family Members ***		
1:	2:	3:
<b>Box B (NOTE: Life Members ONLY please see box at bottom of page for Insurance payment)</b>		
Current Membership No.		Current type of Membership:
<b>Memberships are Valid from Jan 1<sup>st</sup> – Dec 31.</b> <b>Pro-rated Memberships for the next calendar year will only be processed after October 31.</b> <b>Example – To have a membership last until Dec 2012 you must purchase it after October 31 2011.</b>		

All applicants complete the following: <input type="checkbox"/> PAL/POL # _____ Expiry Date: _____	***To qualify for a CMPS membership, you must have completed a black badge course***	****New Add-on**** <u>Thompson Mountain Action Rifle</u> TMAR \$35 (per person) select →→□
---	--	--

\*\*\***Senior Rate Conditions: YOU MUST Send a copy of Picture ID with Form to get Senior Rate**\*\*\*

<b>Membership Options: ** All members must pay basic membership PLUS any add-ons **</b>				<b>Total Paid:</b>
<u>Charter/Associate</u> \$175	<u>Senior(65+)</u> \$95 *See Note Above*	<u>Family(add-on)</u> \$20 (Per / Person )(max3)	<u>CMPS</u> \$35 (Per / Person)	\$
** To maintain Charter &/or CMPS &/or TMAR membership you must attend 2 work parties per year or equivalent **				Paid By:
** <b>Early Bird renewal only \$150 if paid before December 31 2010</b> **				Cash <input type="checkbox"/>
NOTE: Only Life Members have to pay the Insurance Fee located at the bottom of page!				Cheque <input type="checkbox"/>

**Signature of Applicant:**

Life Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	CMPS Membership <input type="checkbox"/> Yes (add 35.00)	TMAR Member <input type="checkbox"/> Yes (add \$35)
2012 Insurance for ALL life members \$20.00	Family Members (Names go In Box A)	<input type="checkbox"/> Yes (add \$20 / Person) <input type="checkbox"/> No

Please complete this Application Form, include cheque payable to <b>TMSA</b> , and send to: <b>TMSA, PO Box 16043, 617 Belmont Street, New Westminster, BC, V3M 6W6</b> Questions about this application? Contact <a href="mailto:randy@teamdarkside.ca">randy@teamdarkside.ca</a>
--

Note on Family Memberships: Family members must reside at same address & Children must be under 19 years old.