

C
Canadian

P
Police

C
Combat

A
Association

CLUB AFFILIATION APPLICATION

CLUB PARTICULARS

Registered Name:			
Mailing Address:			
City/Town:		Province/State	
Postal Code/ZIP:	FAX #	E-Mail:	

CLUB EXECUTIVE

President:			
Address:			
City/Town:		Province/State	
Postal Code/ZIP	Home Phone ()	Work Phone ()	

Vice-President:			
Address:			
City/Town:		Province/State	
Postal Code/ZIP	Home Phone ()	Work Phone ()	

Secretary:			
Address:			
City/Town:		Province/State	
Postal Code/ZIP	Home Phone ()	Work Phone ()	

Treasurer:			
Address:			
City/Town:		Province/State	
Postal Code/ZIP	Home Phone ()	Work Phone ()	

CPCA/Club Liaison			
Address:			
City/Town:		Province/State	
Postal Code/ZIP	Home Phone ()	Work Phone ()	

(SEE REVERSE)

CLUB STATISTICS	
Number of Members in your club:	Number of informal (Non-CPCA Sanctioned) matches per year:
Average number of shooters in matches above	Number of training courses offered by your club each year:

RANGE LOCATION	
Street or legal land description:	
City/Town	Province/State
Range Telephone No.: ()	Range FAX No.: ()

AGREEMENT

I, the undersigned, submit this application for affiliation with the Canadian Police Combat Association on behalf of the club noted on the face of this document. In making this application, I certify that our organization is an incorporated society and/or is a gun club "approved" by the Attorney General in the Province in which our premises are located. I further agree that our Club will comply with the CPCA rules and regulations concerning police pistol combat competition.

Submitted by (Signature):	Date Submitted:
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Please forward this completed form, in addition to cheque or money order in the amount of \$25.00 to:

**CPCA Secretary
11 Eagle Lake Cove
Winnipeg, Manitoba
R2G 4E1**

FOR CPCA USE ONLY	
Date Received:	Remittance:
Date Approved:	Approving Officer:
Date Certificate Forwarded:	Date Fee Forwarded: