

[Office use only please: date _____ membership # _____]
ORA/DCRA NEW (PROBATIONARY) MEMBER FORM, 2017-2018

Please read the notes that accompany this form, which covers the membership year from 1st April 2017 to 31st March 2018. **The fees shown on the form will also cover new members who join before 1st April 2017. Memberships paid via this form will expire on 31st March 2018.**

PLEASE PRINT ALL INFORMATION CLEARLY.

THIS FORM IS ONLY TO BE USED FOR NEW MEMBERSHIPS

Surname: _____ **Mr/Mrs/Miss/ Rank/Title** _____ **Initials** _____

Full mailing address (including apartment number, P.O. Box, if applicable):

City/Town and Province: _____ **Postal Code** _____

Phone No. (home): _____ **Phone No. (work) (optional):** _____

FAX # (optional): _____ **Cell Phone No. (optional):** _____

e-mail (recommended but optional): _____

Provide a legible copy of your Possession and Acquisition Licence (PAL) #:
(mandatory for current firearms owners)

Are you interested in applying for an ATT? YES NO (Circle one)
Do you currently have a restricted firearm registered in your name? YES NO (Circle one)

MALE _____ / **FEMALE** _____ (check)

Please check what your age is on April 1, 2017 (those under 25, and 65 or over, are eligible for lower fees): Under 18 __ Under 19 __ Under 23 __ Under 25 __ Under 35 __ 65 or over __ Other __

If you are UNDER 25 on April 1, 2017, please give your date of birth: _____

Please check each of the following categories that applies: Civilian __; Cadet __; CF Regular __; Primary Reserve __; Ex-member CF __; Police __; C.I.C. __

Please also check each of the following that applies: Member Swiss Rifle Club __; Member SFC __; Member CSSA (OHA) __; Member BB R&G Club __

Please check your shooting discipline(s) of interest: Target Rifle __; Service Rifle __; Precision (Sniper) Rifle __; Black Powder Rifle __; Historical Military Rifle __; ISSF __; F Class __; Handgun __; Other (please indicate) _____

(..... turn over, please)

Please provide the names, email addresses, and phone numbers of at least two people who may be contacted by the ORA and who would be prepared to act as references for you. Your membership application cannot be approved without these references.

1. _____

2. _____

Declaration: I hereby apply for membership for 2017-2018 in the ORA and DCRA. I certify that I have never previously been a (non-cadet) member of the ORA or DCRA. I agree to abide with all the current regulations concerning the operations of the ORA and DCRA. I understand that my membership is not valid until it has been approved by the ORA and until my 2017-2018 ORA membership card has been issued.
 signed: _____ date: _____

		<u>Tick</u> <u>the type</u> <u>you want</u>	<u>and enter the</u> <u>the Fee</u> <u>to be paid</u>
1) Membership			
A) Annual membership			
Probationary ORA Membership with Associate DCRA (includes ORA Activity Fee)			
[deduct \$30 if 65 or over; deduct \$80 if under 25]	\$190	_____	_____
Probationary ORA Membership with Full DCRA			
[deduct \$30 if 65 or over; deduct \$120 if under 25]	\$270	_____	_____
B) Contact Membership (no shooting, no references required) with			
"The Canadian Marksman"	\$80	_____	_____
On its own (no DCRA)	\$40	_____	_____

Life and other types of memberships are available. Please see the Notes and/or ask for details.

2) **DONATION FOR 2017** (please refer to the notes that accompany this form - if you are making a donation and want an official receipt for tax purposes, please make your cheque payable to "DCRA".)

_____ \$ _____

TOTAL PAYMENT ENCLOSED \$ _____

Please make sure that all parts of this form are completed and send it with payment, in Canadian funds only, with cheque payable to "ORA" (see note on "Donations" above), to: ORA, PO Box 245, Borden, ON, L0M 1C0

Code of Conduct

Athlete's Code of Conduct Guidelines:

- Always model mature behaviour consistent with the ORA's Code of Conduct.
- Fair Play is an athlete's first priority
- Participate for the love and enjoyment of the game
- Respect the efforts and accomplishments of your teammates and your opponents
- Respect officials, coaches, spectators and event organizers
- Respect the facility you visit or in which you play
- Respect the rules of the game

Official's Code of Conduct Guidelines:

- Accept an assignment to officiate at a competition only if one intends to honour that commitment. If, for any reason, one is unable to attend, let the person in charge of officials know as soon as possible
- Be fair and objective
- Avoid situations in which a conflict of interest may arise
- Be as impartial, unobtrusive and inconspicuous as possible
- Conduct all events according to the rules of the sport
- Make independent judgements

Coaches Code of Conduct Guidelines:

- Always model mature behaviour consistent with the ORA's Code of Conduct
- Be a leader, a positive influence and a role model
- Reward effort, Fair Play and commitment
- Recognize and respect the difference in your athletes
- Demonstrate respect for all individuals involved in the game
- Always consider the physical and emotional well being of the athletes
- Respect and coach within the spirit of the game
- Always attempt to contribute to the betterment of the game

Definitions for categories of Membership

Probationary ORA, Associate DCRA Membership:

Subject to the Ontario Rifle Association's rules and regulations, this membership allows one to participate in any ORA practice or match. Insurance is provided through the Dominion of Canada Rifle Association and includes a one year subscription to *The Canadian Marksman* (magazine of the DCRA).

Probationary ORA, Full DCRA Membership:

Subject to the Ontario Rifle Association's rules and regulations, this membership allows one to participate in any ORA practice or match. In addition, insurance is provided through the Dominion of Canada Rifle Association. Full DCRA membership also includes a subscription to *The Canadian Marksman*, eligibility to attend the National Championships, be a member of Canadian Teams, and voting privileges.

Waiver, Release & Indemnity-Release of Liability, Waiver of Claims, Assumption of Risks, Photo Release & Indemnity

I hereby agree, in return for becoming a member of the Ontario Rifle Association (ORA):

- To release the ORA, event organization bodies, sanctioning bodies and ORA sponsors and their respective directors, officers, employees, agents, volunteers, contractors, representatives, successors or assigns (collectively the "Releasees") from any liability for any loss, damage, injury or expense (collectively "Loss") that I may suffer as a result of any participation in and transportation to or from any ORA program, due to any cause, including negligence or breach of contract.
- To abide by the Rules and Conditions governing ORA competitions, matches and practices.
- That neither the Department of National Defence/Canadian Armed Forces nor the ORA is responsible in any way for the loss, theft or damage to personal firearms.
- To waive any claim that I have or may have against any or all of the Releasees regarding any matter, including without limitation, any claim arising out of any ORA program.
- To indemnify the releases from any and all claims, actions or Loss resulting in any way from my participation or participation of the child named below in any ORA program.
- This document shall bind my heirs, executors, administrators, assigns and representatives and will have effect throughout my membership in the ORA and, to the extent reasonably necessary to give it effect, thereafter.
- That I am (for the child named below is) physically fit to participate in any ORA program.
- If applicable, that I am a legal guardian or custodial parent of the child named below.
- That the ORA is authorized to take photos of the child named below or me at its programs for publicity and promotional purposes only.
- I hereby acknowledge and agree that the ORA may use and disclose the information on this form to enable the ORA to provide membership benefits to all ORA members.

Notice: Canadian Forces Administration Order 36-52 requires that the firearms and ammunition used on DND/CAF ranges be serviceable and safe and that the Crown is indemnified from all liabilities arising from the use of the DND facility by the ORA.

- I certify that the firearms and self-supplied ammunition I will use on DND/CAF facilities will meet the conditions stated above.
- I will comply with the provisions of Range Standing Orders applicable to Ranges that I attend.
- I indemnify the Crown from all liabilities arising from my use of DND/CAF Ranges and Training Areas.
- I certify that the information entered on this form is correct, and I accept full responsibility for any errors or misinformation.

I have read and understand this agreement. By submitting this application, I acknowledge having read, understood and agree to the above Waiver, Release and Indemnity and further agree to conduct myself in accordance with the "Code of Conduct" at ORA Sanctioned Events, as set out on the reverse of this form.

Signature

Date

Signature of Parent or Legal Guardian (if Participant is under 18 years of age)

Print name of Child Participating and Relationship

Attach to Membership form and mail completed forms to:

**ORA Membership Secretary
PO Box 245
Borden, ON L0M 1C0**