**MEMBERSHIP RENEWAL TIME for 2024-2025**

**Single $160.00 *OR* Family $200.00**

**\*\*\*Renewal Date Is *Sept. 30, 2024\*\*\****

***Membership renewal must be paid by this date to maintain your $5 MILLION insurance coverage***

We accept cheques, cash or

**Payment can be sent *by Automatic Transfer***

**Email Payment to:**

**info@tembullseye.ca**

**If, for whatever reason you are prompted for a question and password, please use:**

**Question: WHAT IS THIS FOR Password: RENEWAL**

 **NAME OF MEMBERSHIP HOLDER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **ADDITIONAL FAMILY MEMBER NAMES** | **D O B** | **PAL # IF ONE EXISTS** | **P A L EXPIRY DATE** |
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***Please Provide any UPDATES OR CHANGES to Your Information***

**Mailing & Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*PAL #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CLASS: NR\_\_\_R\_\_\_P\_\_\_**

**\*Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*IF RENEWING AT* ***JOHN’S TACKLE BOX*** *PLEASE LEAVE A COPY OF THIS FORM WITH YOUR PAYMENT*

*(a $5.00 fee applies when using a credit card)*