



## CLUB AFFILIATION APPLICATION

### CLUB INFORMATION

NAME: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NO. OF PPC MEMBERS: \_\_\_\_\_

APPROX NO. OF MATCHES: \_\_\_\_\_

DO YOU OFFER PPC TRAINING COURSES: YES

NO

### CONTACT PERSON

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

### AGREEMENT

I, the undersigned, submit this application for affiliation with the Canadian Police Combat Association on behalf of the above noted club. In making this application, I certify that our organisation 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: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE SEND EMTs (PREFERRED) TO [TREASURER@CPCA-PPC.ORG](mailto:TREASURER@CPCA-PPC.ORG)**

5 PEI LANE

DUFRESNE, MANITOBA R5K 0N8

FEE (\$25) PAID BY: EMT

CHEQUE

**EMAIL COMPLETED FORM TO [TREASURER@CPCA-PPC.ORG](mailto:TREASURER@CPCA-PPC.ORG)**