



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 the ranges at which the matches are held are incorporated societies and/or are a gun club "Approved" by the Attorney General in the Province in which their 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

5 PEI LANE

DUFRESNE, MANITOBA R5K 0N8

FEE (\$25) PAID BY: EMT

CHEQUE

EMAIL COMPLETED FORM TO TREASURER@CPCA-PPC.ORG