British Columbia Rifle Association
Membership Application
2026

First Name:	Initial:	Surname:
Street Address:		City:
Province/State: British Columbia		Postal/Zip Code:
Phone:	E mail Address:	
Firearms License: ◉ Yes ○ No		PAL Expiry Date: DD / MM / YYYY

Be PREPARED to show your FIREARMS LICENCE for Identification if you want to shoot
If we cannot read this form – you will not be entered correctly – PLEASE PRINT CLEARLY

I am interested in: Target Rifle ..... F- Class..... Service Conditions ..... Precision Rifle .....

Volunteering as RSO ….. Sentry …… Stats …… Volunteer at a shoot/match …..

Membership Fees from over leaf $ Please pay Membership separate to Event Fees	U25 Birth Date (must be 24 or less April 1, current year): DD / MM / YYYY

I certify that the information in this application is correct.
I will abide by the rules and Bylaws of the British Columbia Rifle Association.
I consent to the use of my name and picture(s) for awards and promotion according to the BCRA Privacy Policy

Signature: DO NOT PUBLISH MY NAME I am legal Guardian.	Date: DD / MM / YYYY
Membership cards will be emailed to you Save this email and print your membership as required Proof of BCRA and DCRA Membership (where applicable) will be required at all shooting events	Payment Method: (circle one) Cash: Cheque: E-Transfer:

If paying by cheque, please make cheque payable to *British Columbia Rifle Association*.
- Only pay MEMBERSHIP and DONATION amount with this cheque.
Mail completed form, **both pages must be filled in**, and payment to:

BC Rifle Association – Membership Application
PO Box 2418, Sardis Station Main,
Chilliwack, B.C. V2R 1A7

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BCRA Membership

Puts you on the BCRA contact list for shoots, events, and Provincial Championships

April 1 to March 31	$35 per year	$
Donation to the BCRA *Note: Life Members are requested to donate a sum equal to or exceeding the current membership fee.*		$
	Total	$

NOTES:

1. A BCRA membership is required to shoot at all British Columbia Provincial Championships
2. Membership year runs from 1st April to 31st March
3. A DCRA membership is required to shoot on all DND Military ranges
4. Proof of BCRA / DCRA membership (where applicable) is required
5. A current list of BCRA members will be at every shoot for verification

If you wish to pay by cheque:

Please fill in this form and mail form and cheque to:
PO Box 2418, Sardis Station Main, Chilliwack, B.C., V2R 1A7
Make cheque payable to "The BCRA"

If you wish to pay by E-Transfer:

Please fill in this form and email to membership@bcrifle.ca

E-Transfer the correct amount to payments@bcrifle.ca

*__IMPORTANT__: Please include a memo with your full name and explanation of the deposit.
For example: ***BCRA 2026 membership [and/or donation] for <Firstname Lastname>***
Use the same email address to SEND the E-Transfer from as listed on this form*

If you wish to do this all online and pay through PayPal:

Please go to: British Columbia Rifle Association - Membership
www.bcrifle.ca <membership page>

Be Safe, Learn, Teach and have FUN!

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Waiver

I agree to abide by the rules and conditions governing British Columbia Rifle Association (BCRA) activities, including, but not limited to, competitions and practices.
I certify that the information entered my membership form is correct, and I accept full responsibility for any errors or misinformation.
I understand and agree that neither the Department of National Defense (DND), nor the British Columbia Rifle Association (BCRA) is responsible in any way for the loss, theft or damage to personal firearms.

Notice:
Canadian Forces Administration Order DAOD 3002-5 requires that the firearms and ammunition used on DND ranges be serviceable and safe and that the Crown is indemnified from all liabilities arising from the use of the DND facility by the Dominion of Canada Rifle Association and its affiliates, including the BCRA. I certify that the firearms and self-supplied ammunition I will use during BCRA activities meet the conditions stated above. I indemnify the Crown of all liabilities arising from my use of DND Ranges.

Name: (Please print) _

Signature: _____

Date: _____