

## SRC Membership Record Change Request

*(Please PRINT clearly!)*

Member's Name: \_\_\_\_\_ Card #: \_\_\_\_\_

Please change the following information in the SRC Membership Records:

**New Mailing Address and/or telephone number:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Tel.: \_\_\_\_\_

**New E-mail address:** \_\_\_\_\_

**New/Renewed SFC Membership #** \_\_\_\_\_ Expiry Date: y\_\_\_\_\_/m\_\_\_\_\_/d\_\_\_\_\_

**New/Renewed CSSA Membership #** \_\_\_\_\_ Expiry Date: y\_\_\_\_\_/m\_\_\_\_\_/d\_\_\_\_\_

**New/Renewed Firearms License:**

**Note:** Present this form at the Front Desk together with your new License for verification of the information provided below.

FAC  POL  PAL  Number: \_\_\_\_\_ Expiry Date: y\_\_\_\_\_/m\_\_\_\_\_/d\_\_\_\_\_

**Upgrade to White Card Member (\$40)**

**Insurance for non-CSSA members (\$20)**

**Upgrade to Blue Card Member (\$40)**

Rev. July 19/10