

## SRC Membership Record Change Information

*(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:** \_\_\_\_\_

**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\_\_\_\_

**Other:** \_\_\_\_\_

Rev. June. 21/07