

[Office use only, please: date _____ membership # _____]

ORA/DCRA MEMBERSHIP RENEWAL FORM, 2019-2020

Please read the notes which accompany this membership form, and please note that this renewal is effective for the period April 1, 2019 to March 31, 2020.

PERSONAL INFORMATION - * Your name and mailing address according to our current records. Please print clearly any errors or changes.

* Please complete or amend the following:

* Home Phone No.:

* Office Phone No. (optional):

* FAX number (optional):

* Cell phone number (optional):

* CURRENT PAL No. and Expiry Date (**mandatory for active shooters**):

_____ Expires: _____

* e-mail address (recommended but optional):

* ORA Member since:

* ORA Life Member since:

* Please check what your age will be on April 1, 2019 (those under 25, or 65 and above, may be eligible for lower fees):

Under 18 _____ Under 19 _____ Under 23 _____
Under 25 _____ Under 35 _____ 65 and over _____
Other _____

* If under 25, please give date of birth: _____

* Please check each of the following that applies:

CF Regular ___; Primary Reserve ___; Ex-member CF ___; Cadet ___;
I.C. ___; Police ___; Civilian _____

* Please check each of the following that applies: Member Swiss Rifle Club ___; Member SFC ___; Member CSSA (OHA) ___; Member BB R&G Club ___; Member NCRRA _____

* Interested in Target Rifle ___; Service Rifle ___; Precision (Sniper) Rifle ___; Black Powder Rifle ___; Historical Military Rifle ___; ISSF (ISU) ___; F Class ___; Handgun ___; Other (specify) _____

ARE YOU INTERESTED IN APPLYING FOR AN ATT? YES/NO
DO YOU CURRENTLY HAVE A RESTRICTED FIREARM REGISTERED IN YOUR NAME? YES/NO

If you held an ATT sponsored by the ORA in 2018, please note that you must renew your membership with payment in full by 1 Apr 2019 in order for your ATT to be re-validated with the CFO.

MEMBERSHIP RENEWAL for 2019-2020

Please refer to the Notes that accompany this form.

Membership Category (circle one)

A1 A2 B

Membership Fee for 2019-20

\$ _____

* **DONATION FOR 2018** (please refer to the notes that accompany this form - if you are making a donation and want an official receipt for tax purposes, please make your cheque payable to "DCRA".)

_____ \$ _____

* **TOTAL SUM ENCLOSED**

\$ _____
(in Canadian Funds only, please)

* **Declaration: I apply for renewal of my membership for 2019-2020 in the ORA &/or DCRA in the category which I have shown on this sheet. I agree to abide with all the current regulations concerning the membership and operations of the ORA and DCRA.**

Signed: _____ Dated: _____

Please complete and send this form and full payment, with cheque payable to "ORA" (see note on "Donations" above), to:
ORA Membership Secretary
PO Box 245
Borden, Ontario, L0M 1C0

Membership Categories and Renewal Fees for the period April 1, 2018 to March 31, 2019.

New members should pay the fees listed on the New Member Application Form.

CATEGORY A

NOTE: *The limited membership category is no longer available due to the decision of the DCRA to remove the limited membership category from their offering.*

A1. Associate: Full ORA – Associate DCRA Membership (includes *The Canadian Marksman*):
\$205

A2. Full: Full ORA – Full DCRA Membership (includes *The Canadian Marksman*, eligibility to attend the National Championships, be a member of Canadian Teams, full DCRA membership and voting privileges): **\$285**

Deductions (circle each one for which you are eligible - you may claim more than one):

- * Only shooting the ORA Provincial Championships **or** not shooting at all in 2019: - \$50
- * Existing ORA Life Member: - \$100
- * 65 or over on 1 April 2019 (only if NOT ORA Life Member): - \$30
- * Under 25 on 1 April 2019 (if Associate DCRA Membership paid): - \$80
- or
- * Under 25 on 1 April 2018 (if Full DCRA Membership paid): - \$120
- or
- *Existing DCRA Life Member (if Associate Membership paid): - \$35
- or
- *Existing DCRA Life Member (if Full membership paid): - \$115

plus

If you are an existing DCRA Life Member and are not shooting at all in 2019, you may subtract a further \$20

Total Deductions: \$

Total Category A Membership (A1 or A2 less deductions), pay: **\$**
(cannot be less than \$0.00)

CATEGORY B

Mailings only (no shooting):

ORA-DCRA mailings only, pay: \$80
ORA mailings only, pay: \$40

Code of Conduct

Athlete's Code of Conduct Guidelines:

- Always model mature behaviour consistent with the ORA's Code of Conduct.
- Fair Play is an athlete's first priority
- Participate for the love and enjoyment of the game
- Respect the efforts and accomplishments of your teammates and your opponents
- Respect officials, coaches, spectators and event organizers
- Respect the facility you visit or in which you play
- Respect the rules of the game

Official's Code of Conduct Guidelines:

- Accept an assignment to officiate at a competition only if one intends to honour that commitment. If, for any reason, one is unable to attend, let the person in charge of officials know as soon as possible
- Be fair and objective
- Avoid situations in which a conflict of interest may arise
- Be as impartial, unobtrusive and inconspicuous as possible
- Conduct all events according to the rules of the sport
- Make independent judgements

Coaches Code of Conduct Guidelines:

- Always model mature behaviour consistent with the ORA's Code of Conduct
- Be a leader, a positive influence and a role model
- Reward effort, Fair Play and commitment
- Recognize and respect the difference in your athletes
- Demonstrate respect for all individuals involved in the game
- Always consider the physical and emotional well being of the athletes
- Respect and coach within the spirit of the game
- Always attempt to contribute to the betterment of the game

Definitions for categories of Membership

Full ORA, Associate DCRA Membership (A1):

Subject to the Ontario Rifle Association's rules and regulations, this membership allows one to participate in any ORA practice or match. Insurance is provided through the Dominion of Canada Rifle Association and includes a one year subscription to *The Canadian Marksman* (magazine of the DCRA).

Full ORA, Full DCRA Membership (A2):

Subject to the Ontario Rifle Association's rules and regulations, this membership allows one to participate in any ORA practice or match. In addition, insurance is provided through the Dominion of Canada Rifle Association. Full DCRA membership also includes a subscription to *The Canadian Marksman*, eligibility to attend the National Championships, be a member of Canadian Teams, and voting privileges.

Waiver, Release & Indemnity-Release of Liability, Waiver of Claims, Assumption of Risks, Photo Release & Indemnity

I hereby agree, in return for becoming a member of the Ontario Rifle Association (ORA):

- To release the ORA, event organization bodies, sanctioning bodies and ORA sponsors and their respective directors, officers, employees, agents, volunteers, contractors, representatives, successors or assigns (collectively the "Releasees") from any liability for any loss, damage, injury or expense (collectively "Loss") that I may suffer as a result of any participation in and transportation to or from any ORA program, due to any cause, including negligence or breach of contract.
- To abide by the Rules and Conditions governing ORA competitions, matches and practices.
- That neither the Department of National Defence/Canadian Armed Forces nor the ORA is responsible in any way for the loss, theft or damage to personal firearms.
- To waive any claim that I have or may have against any or all of the Releasees regarding any matter, including without limitation, any claim arising out of any ORA program.
- To indemnify the releases from any and all claims, actions or Loss resulting in any way from my participation or participation of the child named below in any ORA program.
- This document shall bind my heirs, executors, administrators, assigns and representatives and will have effect throughout my membership in the ORA and, to the extent reasonably necessary to give it effect, thereafter.
- That I am (for the child named below is) physically fit to participate in any ORA program.
- If applicable, that I am a legal guardian or custodial parent of the child named below.
- That the ORA is authorized to take photos of the child named below or me at its programs for publicity and promotional purposes only.
- I hereby acknowledge and agree that the ORA may use and disclose the information on this form to enable the ORA to provide membership benefits to all ORA members.

Notice: Canadian Forces Administration Order 36-52 requires that the firearms and ammunition used on DND/CAF ranges be serviceable and safe and that the Crown is indemnified from all liabilities arising from the use of the DND facility by the ORA.

- I certify that the firearms and self-supplied ammunition I will use on DND/CAF facilities will meet the conditions stated above.
- I will comply with the provisions of Range Standing Orders applicable to Ranges that I attend.
- I indemnify the Crown from all liabilities arising from my use of DND/CAF Ranges and Training Areas.
- I certify that the information entered on this form is correct, and I accept full responsibility for any errors or misinformation.

I have read and understand this agreement. By submitting this application, I acknowledge having read, understood and agree to the above Waiver, Release and Indemnity and further agree to conduct myself in accordance with the "Code of Conduct" at ORA Sanctioned Events, as set out on the reverse of this form.

Signature

Date

Signature of Parent or Legal Guardian (if Participant is under 18 years of age)

Print name of Child Participating and Relationship

Attach to Membership form and mail completed forms to:

**ORA Membership Secretary
PO Box 245
Borden, ON L0M 1C0**