



Canadian Defensive Pistol Application Form

Mail along with your payment to:

David Burke
Canadian Defensive Pistol
171A Rink St., Suite 186
Peterborough, ON K9J 2J6

Name _____

Address 1 _____

Address 2 _____

City _____ Prov: _____ Postal Code: _____

Phone: Home _____ Work _____

*Email _____

*(*Essential if you wish to receive updates and information)*

Membership requested: (Check one)

- Bronze \$125.00 ___
- Silver \$250.00 ___
- Gold \$500.00 ___
- Annual \$ 35.00 ___

Method of Payment: (Check one)

Cash _____ Cheque _____ Credit Card: Visa _____ MasterCard _____

Credit Card # _____ Expiry Date: _____

Name on card _____

Signature _____

Disclaimer: I understand that my membership in Canadian Defensive Pistol confers no particular benefits , designations or licenses other than those indicated on the web site.