



**WPAC**  
WOLF PACK AIRSOFT CLUB

## Membership Renewal Form

Date of Application - \_\_\_\_\_

Membership No. \_\_\_\_\_

Applicant Name & Surname	
Date of Birth	
ID Number	
Address of Residence	House –
	Street –
	Locality –
	Post Code –
Contact Number	
Emergency Number	
Email Address	
<b>RENEWAL DATE</b>	

I the undersigned wish to renew my membership with Wolf Pack Airsoft Club and confirm that I agree to be governed by the provisions of the WPAC statute, procedures and policies.

ID Number - \_\_\_\_\_

ID Number - \_\_\_\_\_

Applicant Full Name \_\_\_\_\_

Legal Guardian Full Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Legal Guardian Signature \_\_\_\_\_

**(For Club use only)**

Third Party Insurance Owned / Required		
Membership Fee	€25	
Insurance Premium	€16	
Total Payment	€	
Updated Photo		
<b>Date of Approval</b>		
<b>Membership Approval Signature</b>		

WPAC

Wolf Pack Airsoft Club

[wolfpackairsoftclub@gmail.com](mailto:wolfpackairsoftclub@gmail.com)