



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	
RENEWAL DATE	

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	€30	
Insurance Premium	€16	
Total Payment	€46	
Updated Photo		
Date of Approval		
Membership Approval Signature		

WPAC
Wolf Pack Airsoft Club
wolfpackairsoftclub@gmail.com