



MEMBERSHIP REGISTRATION AND UPDATE

TYPE OF MEMBERSHIP (check one)

- Full Membership Associate Membership

ASSOCIATION INFORMATION

Organization Name: _____
Mailing Address: _____ Phone: (res) () _____
City: _____ Phone: (bus) () _____
Province: _____ Postal Code: _____
Email: _____ Website: _____
Assoc. Colours: _____ Primary Arena: _____

ORGANIZATION CONTACTS (FULL EXECUTIVE)

President

Name: _____ Phone: (res) () _____
Address: _____ Phone: (bus) () _____
City: _____ Province: _____
Postal Code: _____ Email: _____

VP Administration

Name: _____ Phone: (res) () _____
Address: _____ Phone: (bus) () _____
City: _____ Province: _____
Postal Code: _____ Email: _____

VP Treasurer

Name: _____ Phone: (res) () _____
Address: _____ Phone: (bus) () _____
City: _____ Province: _____
Postal Code: _____ Email: _____

Secretary

Name: _____ Phone: (res) () _____
Address: _____ Phone: (bus) () _____
City: _____ Province: _____
Postal Code: _____ Email: _____

Past President

Name: _____ Phone: (res) () _____
Address: _____ Phone: (bus) () _____
City: _____ Province: _____
Postal Code: _____ Email: _____

All applications MUST be accompanied by the proscribed fee based on category.
All supporting documentation MUST be submitted at the time of application.