

**MEMBERSHIP APPLICATION FORM**

### Membership Year: September 1, 2017– August 31, 2018

Please read through the entire form and fill it out as completely as you can   
(Please note that membership is not valid unless this form is completed and signed and fees have been paid).

#### Membership Fee: $ 10.00

#### Program Fee (athlete only): $ 40.00

* **Fundraising Fee (refundable) $ 50.00**

**Total: $ 100.00**

# PLEASE PRINT

**New Member**  **Renewal**

**Membership Category: Coach  Athlete  Volunteer**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Province:\_\_\_\_\_\_\_\_\_\_Postal Code:**

**Home phone #: Work phone #:**

**Email address:**

Date of Birth: \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_ \_\_ \_\_ \_\_ **Male  Female**

***Month******Day*** ***Year***

**CNIB #**

*(Over...)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Age Category:** | **12 & Under** | **13 – 17** | **18 – 29** |  |
|  |  |  |  |  |
|  | **30 – 40** | **41- 54** | **55 +** |  |
|  |  |  |  |  |
| **Sight Classification:** | **B1** | **B2** | **B3** | **Sighted** |

**Any special medical conditions that a coach should be aware of? (e.g. detached retina, diabetes etc.)**

**Sports Interests: Archery  Cross Country Skiing  Curling**

**Goalball  Golf  Dragon Boat**

**Lawnbowling  Swimming  Yoga**

**Other (please list):**

\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_**

**Please indicate preferred format of newsletter √:**

|  |  |  |
| --- | --- | --- |
| **Large Print** | **Email** | **Audio Cassette** |

**I understand and accept that my name and address may be forwarded to the CBSA and Sport Manitoba for membership verification. All other information is confidential and for statistical purposes or MBSA use only. Other than the above exception, information on this form will not be given out to any other organization without prior consent. I certify that all of the above information is accurate and complete. *(Inquiries regarding data confidentiality can be forwarded to the MBSA’s Privacy Officer)***

**I understand that MBSA members are required to assist in fundraising.   
I agree to comply with all rules and policies of the Association.**

**Signature: Date: \_\_\_\_\_\_\_\_\_\_\_**

*(Parent or guardian if under 18 years of age)*

**Office use only**

**Received on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entered in database:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sent to treasurer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Paid by Cash/Cheque:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**