



**Manitoba Blind
Sports Association**

145 Pacific Ave
Winnipeg, Manitoba
R3B 2Z6

MEMBERSHIP APPLICATION FORM

Membership Year: September 1, 2018– August 31, 2019

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):** **\$ 90.00**
- **Fundraising Fee (refundable)** **\$ 50.00**

Total: **\$ 150.00**

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: _____
 Received by: _____
 Amount: _____
 Paid by Cash/Cheque: _____

Entered in database: _____
 Sent to treasurer: _____