



**Manitoba Blind
Sports Association**

145 Pacific Ave
Winnipeg, Manitoba
R3B 2Z6

MEMBERSHIP APPLICATION FORM

Membership Year: September 1, 2019– August 31, 2020

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 # _____ *(Curling Members only)*

(Over...)

