



NEW MEMBERSHIP APPLICATION

FORM #103

October 1, _____ to December 31, _____
YEAR YEAR**NEW MEMBERSHIP** **PLEASE PRINT**

Last Name: _____ First Name: _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

Phone () _____ Business Phone: () _____ Cell () _____

Email Address: _____ Club Name: _____

SK Sport Zone (circle) 1 2 3 4 5 6 7 8 9

Birthdate ____/____/____ Age as of Dec. 31, current year **2009** Female Male
YEAR MONTH DAYAre you a Canadian Citizen: Yes No Permanent Resident? Yes No **Proof of Age and Citizenship for Type A & B Membership Only!**

I have viewed the Birth certificate and verify the above information to be correct _____ Signed (Club Registrar)

MEMBERSHIP TYPE - Check and complete all that are applicable - Pay only one fee (Highest Fee)

Type	Description	Fee Received By Oct. 15	Fee Received After Oct. 15	Fee Received After Mar. 1
<input type="checkbox"/> A	Competitive	\$45.00	\$90.00	\$135.00
<input type="checkbox"/> B	Pre-Events (All Graded Events)	\$25.00	\$25.00	\$25.00
<input type="checkbox"/> BR	Recreational/Skills Development (Badge)	\$10.00	\$10.00	\$10.00
<input type="checkbox"/> C	Technical Association: (Check ONLY if ACTIVE) Adjudicator <input type="checkbox"/> Coach <input type="checkbox"/> Judge <input type="checkbox"/> Course Conductor <input type="checkbox"/>	\$60.00	\$120.00	\$120.00
<input type="checkbox"/> D	Board, Executive, Full Member	\$35.00	\$70.00	\$105.00
<input type="checkbox"/> E	Volunteer	\$5.00	\$5.00	\$5.00
<input type="checkbox"/> F	Club Affiliation Fee (3 Exec. Members)	\$100.00	\$150.00	\$200.00
<input type="checkbox"/> G	Group Only (Exception: WBTF/CBTF/International Cup Team & Group)	\$ 5.00	\$ 5.00	\$ 5.00

TERMS & CONDITIONS: I agree that my membership is subject to the athlete's agreement and to the Rules, Regulations and By-Laws of the Canadian Baton Twirling Federation and the Provincial Association. The member agrees that, whether or not such damages or losses are caused by negligence; in no event shall the Canadian Baton Twirling Federation, the Provincial Association or their directors, officers or employees or agents have any liability to the member for damages or losses of any kind whatsoever or for any indirect, special or consequential damages even if advised of the possibility of such damages. I acknowledge that I have read and understood this waiver.

Return to:
SBTA
510 Cynthia St.
Saskatoon, SK
S7L 7K7

Signature (Parent's/Guardian's signature if under 18 years of age) _____ Date _____

For SBTA & CBTF use only:

Registration Date	Membership Number	Amount \$	Provincial Registrar's Signature
Proof of Age <input type="checkbox"/>	Citizenship <input type="checkbox"/> or Permanent Residency <input type="checkbox"/>		Brenda O'Connor - Sport Coordinator CBTF 2 nd Vice President

Effective September 2008

Original - CBTF 2nd VP/Data Entry

Copy - Provincial Membership Registrar

Copy - Club Director or Member