



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 _____ Female Male
YEAR MONTH DAY

Are 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) <small>Adjudicator <input type="checkbox"/> Coach <input type="checkbox"/> Judge <input type="checkbox"/> Course Conductor <input type="checkbox"/></small>	\$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	Pre Group (consisting of BR members) & Pom Pom Only	\$10.00	\$20.00	\$30.00

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.

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

Return to: Provincial Registrar
 c/o Brenda O'Connor
 510 Cynthia Street
 Saskatoon, SK S7L 7K7

For Provincial and National Personnel use only:

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

Effective September 2010