



# NEW MEMBERSHIP APPLICATION

# FORM #103

October 1, \_\_\_\_\_ to December 31, \_\_\_\_\_  
YEAR YEAR

**NEW MEMBERSHIP**

**PLEASE PRINT**

Surname: \_\_\_\_\_ 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 **2011** \_\_\_\_\_ 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. 21	Fee Received After Oct. 21	Fee Received After Mar. 1
<input type="checkbox"/> <b>A</b>	Competitive	\$45.00	\$90.00	\$135.00
<input type="checkbox"/> <b>B</b>	Pre-Events (All Graded Competition Pre Events)	\$25.00	\$25.00	\$25.00
<input type="checkbox"/> <b>BR</b>	Recreational / Skills Development (Badge)	\$10.00	\$10.00	\$10.00
<input type="checkbox"/> <b>C</b>	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"/> <b>D</b>	Board, Executive, Full Member	\$35.00	\$70.00	\$105.00
<input type="checkbox"/> <b>E</b>	Volunteer	\$5.00	\$5.00	\$5.00
<input type="checkbox"/> <b>F</b>	Club Affiliation Fee (3 Exec. Members)	\$100.00	\$150.00	\$200.00
<input type="checkbox"/> <b>G</b>	Group Only (for Recreational Pre-Group and Pom Group)	\$ 10.00	\$ 10.00	\$ 10.00

**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 <i>Brenda O'Connor - Sport Coordinator</i>
Proof of Age <input type="checkbox"/>	Citizenship <input type="checkbox"/> or Permanent Residency <input type="checkbox"/>		CBTF 2 <sup>nd</sup> Vice President