



Application for Membership

PLEASE PRINT

Last Name: _____ First Name: _____ Male [] Female []

Address: _____ City/Town: _____ Postal Code: _____

Phone () _____ Email Address: _____

Date of Birth ____/____/____ **Select One:** New Member [] Returning Member []
DD MM YEAR SBTB Membership # SK-_____

MEMBERSHIP TYPE- Please select one

Type	Description	Membership Fee
<input type="checkbox"/>	Athlete	\$10.00
<input type="checkbox"/>	Instructor of Recreational (non competitive) Groups	\$20.00
<input type="checkbox"/>	Volunteer	\$ 5.00

TERMS & CONDITIONS: I agree that my membership is subject to the Rules, Regulations and By-Laws of the Canadian Baton Twirling Federation and the SBTA. 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 SBTA 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.

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

Make cheques payable to: S.B.T.A.

Send completed forms and payment to: **Saskatchewan Baton Twirling Association**
510 Cynthia Street
Saskatoon, SK S7L 7K7 Telephone: (306)975-0847
 Email: skbaton@shaw.ca
 Website: www.saskbaton.com

For SBTA & CBTF use only:

Registration Date	Membership Number	Amount \$	Provincial Registrar Brenda O'Connor - Sport Coordinator CBTF 2 nd Vice President
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