



Membership Application Form

Please mail to: Brenda Den Hollander
43525 Lumsden Road
Chilliwack, BC V2R 4R4

2015-2016

Valid April 1, 2015 to March 31, 2016

First Name:		Last:	
Street:			
City:		Postal Code:	
Canadian anti-spam legislation / email waiver		Licence Plate#:	
Email Address: _____		Phone: () -	
<input type="checkbox"/> YES send me emails about club events <input type="checkbox"/> NO you may not send event email but may use for emergency contact		Date today: M D Y	

	First Name	Birth Date			Gender	Signature	Number	\$ Amount
		M	D	Y				
1					M F			\$
2					M F			\$
3					M F			\$
4					M F			\$
5					M F			\$
6					M F			\$

Membership options

choose one for each person registering

A. Non Competitive Membership (for members not in organized competitions)	
Youth Recreational Repeated Use / 17 years and under	\$10
Adult Recreational Repeated Use / 18 years and over	\$20

B. Competitive Membership (any athlete competing in an organized race)		
Cub-cadet (atom)	10 years and under as of Jan. 1 st	\$35
Cadet (peewee & bantam)	14 years and under	\$35
Junior (midget & juvenile)	18 years and under	\$65
Senior	34 years and under	\$75
Master	35 and over	\$45

C. Official Membership		
Officials membership	Level Achieved and Date:	\$15
Coaches Membership	NCCP#	\$30
Type of Coach: <input type="checkbox"/> Technical <input type="checkbox"/> Practical <input type="checkbox"/> Theory		

CCE photo/video waiver	
<p>This form is a permission form to allow CCE to use any photos or video taken in a video/slide show to promote CCE activities in print or on the web. No photos/videos will be used without permission from a parent/guardian. Photos/videos will not be given to anyone outside of CCE.</p> <p>I give permission to CCE to use any video or photos taken of me for advertising purposes.</p> <p>_____</p> <p>Member's signature or parent/ guardian if under 18</p>	

Disclaimer	
<p>Canoe/kayaking activities by their nature involve certain elements of risk which involve potential for bodily injury. A portion of the registration fees paid to CCE (Chilliwack Center of Excellence) are allocated for the provision of accident insurance should injury occur. I acknowledge this element of risk and agree to permit myself/child to participate.</p> <p>_____</p> <p>Member's signature or parent/guardian if under 18</p>	
Total Amount Paid	\$ _____