



2018 – 2019 MEMBERSHIP FORM

Date: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Gender: (Male) (Female) Date of Birth: _____
(DD / MMM / YYYY)

Telephone: Home: () _____
Cell: () _____
E-mail: _____

Health Care# _____ Province of Issue: _____

Membership:	Athlete	\$125	Voting, Insured, Required for Sliding, Includes Volunteer Fee
	Associate	\$25	Voting, Insured, Required for Volunteers at Events
	Ice House	\$150	Voting, Insured, includes summer Ice House program fee
	BCS Member	\$0	Must be checked for Provincial Sport Organization Voting Bobsleigh Canada Skeleton membership
	Supportive	\$2	Non-Voting, Insured, Required for Discovers
	Non-Resident	\$50	Member of other PSO, Voting, Insured, Required for Sliding

Member of sliding club _____ Other PSO _____

Year of Sliding School _____ Paid by: _____
(Cash, Cheque, School, Discover)

Please place me on the Alberta Skeleton E-mailing list: (Yes) (No)

I hereby agree to terms and conditions of membership with the Alberta Skeleton Association.

Athlete _____ Parent / Guardian _____

(Required If Athlete is Under
18 Years of Age)

The signing Parent / Guardian is required to hold a valid membership with the Association.

(Print)

Memberships Expire following the Annual General Meeting of the membership year.

This Association functions solely on the efforts of its volunteers!

Please Support Your Sport!

Alberta Skeleton Association

140 - 88 Canada Olympic Road SW
Calgary, Alberta T3B 5R5
info@albertaskelton.ca
www.albertaskelton.ca



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