



# MEMBERSHIP APPLICATION FORM 103

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

Please press firmly you  
 Are making 3 copies

Please use a separate  
 form for each person

**NEW MEMBERSHIP**

**PLEASE PRINT**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_ Celphone ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Club Name: \_\_\_\_\_

**REGION:**

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. 31	Fee Received After Nov. 15	Fee Received After Mar. 1
<input type="checkbox"/> <b>A</b>	Competitive (Individual Event Athletes & CBTF/WBTF/IC Teams & Groups)	\$40.00	\$80.00	\$120.00
<input type="checkbox"/> <b>B</b>	Pre-Events (All Graded Events & Pre-Group Athletes)	\$15.00	\$15.00	\$15.00
<input type="checkbox"/> <b>BR</b>	Recreational/Skills Development (Skills Development Program athletes)	\$15.00	\$15.00	\$15.00
<input type="checkbox"/> <b>C</b>	Technical Association: (Check ONLY if <b>ACTIVE</b> ) Adjudicator <input type="checkbox"/> Coach <input type="checkbox"/> Judge <input type="checkbox"/> Course Conductor <input type="checkbox"/>	\$60.00	\$120.00	\$180.00
<input type="checkbox"/> <b>D</b>	Board, Executive, Full Member	\$30.00	\$60.00	\$90.00
<input type="checkbox"/> <b>E</b>	Volunteer	\$5.00	\$5.00	\$5.00
<input type="checkbox"/> <b>G</b>	Group Only (Exception: WBTF Team & International Cup Team & Groups)	\$10.00	\$15.00	\$20.00

**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**  
 ABTA Office  
 11759 Groat Road  
 Edmonton, AB T5M 3K6

**For Provincial and National Personnel use only:**

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