EAST VAN NORDICS SKI CLUB

			HIP APPLIC UNE 30, 202	CATION 26 SEASON)	
LAST NAME:					
FIRST NAME:					
DATE OF BIRTH:	Day:		Month:		Year:
ADDRESS:					-
CITY:				POSTAL CODE:	
CELL:					
TELEPHONE:					_
EMAIL:					<u>-</u>
BC HEALTH NUMBER:			_		
MEMBERSHIP CATEGORIES (wi	th a right	to vote at	AGM, Mind	ors may be Director	s with limitations):
YOUTH (under 19)	\$10.00)			
ADULT (19-64)	\$50.00	<u> </u>			
SENIOR (65+)	\$5.00)			
*Note: in addition to members	<mark>hip fee, a</mark> c	<mark>dditional a</mark>	<mark>ctivity fees</mark>	will be charged for	specific training
PARENTAL / GUARDIAN CONSE	<u>:NT:</u>				
I, parent/guardian of the applicathe club and participate in club the various risks associated with skiing and highway travel in adv	s skiing an	nd marksma ve winter sp	anship activ port, which	vities. I also acknow include vigorous-in	ledge that I do understand tensity physical activities,
FIRST NAME:					
TELEPHONE:					_
SIGNATURE:					
DATE:	RELATIONSHIP:				
	DD	MM	YYYY	_	(Mom, Dad, Guardian)
TO CONTACT THE CLUB: Please email / fax / mail or call #304 - 655 Moberly Road Vancouver, BC V5Z 4B2					

Tel: (778) 228-7065 / Fax: (604) 336-4815 / Email: eastvannordics@shaw.ca / www.eastvannordics.ca