

EAST VAN NORDICS SKI CLUB
MEMBERSHIP APPLICATION
(JULY 1, 2024-JUNE 30, 2025 SEASON)

LAST NAME: _____

FIRST NAME: _____

DATE OF BIRTH: Day: _____ Month: _____ Year: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

CELL: _____

TELEPHONE: _____

EMAIL: _____

BC HEALTH NUMBER: _____

MEMBERSHIP CATEGORIES (with a right to vote at AGM, Minors may be Directors with limitations):

YOUTH (under 19) \$10.00 _____

ADULT (19-64) \$50.00 _____

SENIOR (65+) \$5.00 _____

***Note: in addition to membership fee, additional activity fees will be charged for specific training**

PARENTAL / GUARDIAN CONSENT:

I, parent/guardian of the applicant hereby grant permission to my son/daughter/ward to become member of the club and participate in club's skiing and marksmanship activities. I also acknowledge that I do understand the various risks associated with the above sport activities.

LAST NAME: _____

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