

PARALYMPIC SPORTS ASSOCIATION

Membership Form

10024 - 79 Ave, Edmonton, Alberta T6E 1R5

phone: 439-8687 / fax: 432-0486 / email: info@parasports.net

NAME (S): _____

AGE CATEGORY (principal member)

___ under 18 years

please specify exact age: _____

___ 18-25 years

___ 26-40 years

___ 41-55 years

___ over 55 years

ADDRESS: _____

POSTAL CODE: _____

TELEPHONE (Res): _____ (Cell): _____

MALE: _____ FEMALE: _____ DOB: _____

EMAIL : _____ (note: PSA sends correspondence by email)

SPORT AFFILIATIONS: (please check group(s) that you are associated with)

- ___ Wheelchair Sports Alberta
- ___ Alberta Cerebral Palsy Sports Association / Sport Ability
- ___ Alberta Amputee Sports and Recreation Association
- ___ Alberta Association for Disabled Skiing
- ___ Cerebral Palsy Association in Alberta
- ___ Alberta Northern Lights Wheelchair Basketball Society
- ___ Northern Alberta Disabled Divers Society
- ___ Children's Ability Fund
- ___ Little Bits Riding Club
- ___ Other (please specify): _____

DO YOU HAVE A DISABILITY? _____ IF YES, PLEASE SPECIFY THE NATURE OF YOUR DISABILITY.

MEMBERSHIP CATEGORY:

___ INDIVIDUAL / SINGLE MEMBERSHIP \$20.00 (full benefits)

___ FAMILY MEMBERSHIP \$40.00 (full benefits - PLEASE LIST ALL NAMES ABOVE)

___ ASSOCIATE MEMBERSHIP \$10.00 (information only for interested associations, agencies, etc.)

CLUB DEVELOPMENT (please check one or more):

FUNDRAISING

- Ticket Sales
- Casino
- Bingos

SPORTS

- Coach
- Equipment
- Committee

PUBLIC RELATIONS

- Photography
- Demonstrations
- Speaking

RECREATION

- Organizing/Planning
- Work at Special Events
- Committee

AREAS OF INTEREST

ACTIVITY	PARTICIPANT	VOLUNTEER
Bowling	_____	_____
Floor Hockey	_____	_____
Sledge Hockey	_____	_____
Socials/Dances	_____	_____
Square Dancing	_____	_____
Swimming	_____	_____
Teen Group	_____	_____
Tae Kwon Do	_____	_____
Soccer	_____	_____
Other: (specify) _____		

WOULD YOU LIKE TO HAVE A WORKSHOP DONE IN ONE OF THESE INTEREST AREAS? _____

WHICH ONE? _____

SIGNATURE _____ DATE _____

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FOR OFFICE USE ONLY:
CARDS: _____
FEE PAID: _____
INITIAL: _____