

2003 Membership
PARALYMPIC SPORTS ASSOCIATION

10024 - 79 Ave, Edmonton, Alberta T6E 1R5
phone: 439-8687 / fax: 432-0486 / email: parsport@planet.eon.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): _____ (Bus): _____

MALE: _____ FEMALE: _____

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 \$10.00 (full benefits)

___ FAMILY MEMBERSHIP \$20.00 (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 ___ Demonstrations
- ___ Committee ___ Speaking

PUBLIC RELATIONS

- ___ Photography

RECREATION

- ___ Organizing/Planning
- ___ Work at Special Events
- ___ Committee

AREAS OF INTEREST

ACTIVITY PARTICIPANT VOLUNTEER

Bowling _____ _____

Camp Unity _____ _____

Canasta _____ _____

Floor Hockey _____ _____

Fun for Kids _____ _____

Sledge Hockey _____ _____

Socials/Dances _____ _____

Square Dancing _____ _____

Swimming _____ _____

Teen Group _____ _____

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: _____