

Membership Application Form

PARALYMPIC SPORTS ASSOCIATION

10024 - 79 Ave, Edmonton, Alberta T6E 1R5

Phone: 439-8687 / Fax: 432-0486 / E-mail: 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): _____ (Bus): _____

MALE: _____ FEMALE: _____

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 \$30.00 (full benefits - PLEASE LIST ALL NAMES ABOVE)

___ ASSOCIATE MEMBERSHIP \$20.00 (information only for interested associations, agencies, etc.)

NOTE: Beginning January 2007, membership renewal will be due in December and will be valid from January 1st to December 31st.

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	_____	_____
Camp Unity	_____	_____
Canasta	_____	_____
Curling	_____	_____
Floor Hockey	_____	_____
Fun for Kids	_____	_____
Sledge Hockey	_____	_____
Socials/Dances	_____	_____
Square Dancing	_____	_____
Swimming	_____	_____
Summer Day Camps	_____	_____
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: _____