



ParaGolf Ontario

APPLICATION FOR 2018 MEMBERSHIP

Please complete the following information and return by mail to the address at the bottom of the form.

GENERAL INFORMATION (Please Print)

<input type="checkbox"/> New Member		<input type="checkbox"/> Renewal	
<input type="checkbox"/> Voting (\$20) (Ontario Residents Only)		<input type="checkbox"/> Associate (\$15)	<input type="checkbox"/> Lifetime Member (\$150)
Last Name:		First:	Middle:
Address:			
City/Town:		Province/State:	
Country:		Postal Code/Zip Code:	
Date of Birth: (mm/dd/yyyy)		Sex: <input type="radio"/> Male <input type="radio"/> Female	
Home: ()		Cell: ()	
Business: ()		Fax: ()	
E-mail:			Membership Number:

MEMBERSHIP AFFILIATION (Please Check the Appropriate Box)

AMPUTEES: Please indicate level of amputation AK BK AE BE MULTIPLE

OTHER: Please indicate nature of disability _____

EMERGENCY CONTACT:

Emergency Contact:		Relationship: Phone:	
Home: ()	Cell: ()	Business: ()	

Please turn over to complete Side 2

SPORTS INTERESTS

1. Indicate "A" if you actively participate or "I" if you are interested in any of the following sports:

<input type="checkbox"/> Boccia	<input type="checkbox"/> Lawn Bowling	<input type="checkbox"/> Swim
<input type="checkbox"/> Cycling	<input type="checkbox"/> Powerlifting	<input type="checkbox"/> Hockey
<input type="checkbox"/> Field	<input type="checkbox"/> Shooting	<input type="checkbox"/> Track
<input type="checkbox"/> Golf	<input type="checkbox"/> Soccer	<input type="checkbox"/> Volleyball
Other		

2. Indicate your classification if active in any of the following sports:

Track:	Field:	Boccia:
Swim: S	SB	SM

WAIVER

Upon acceptance as a member of the ParaGolf Ontario I agree to abide by the rules and procedures of the Association as approved through Rules, by-Laws and Regulations. As a member of the Association I shall uphold the high standards of the Association and shall never do anything to damage the reputation of the Association. I understand and agree that the Association and/or any of its officials, affiliates or sponsors is not responsible for any injury, damage or loss resulting from any accident from known or unknown conditions howsoever caused. I also understand and agree that any violation of this contract will result in the immediate termination of my membership.

Your signature below gives PGO permission to contact you and send you information that the Association deems appropriate, by Canada Post, private parcel service, or by electronic mail or other means.

Member's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____
(if athlete is under 18 years of age)

PRIVACY POLICY

Personal information will not be sold or given to anyone. However, in order to provide membership services to you, the ParaGolf Ontario may, from time to time, provide certain information to other Sports Associations or Organizations that we do business with so that you may be informed of events or products which may be of interest to you..

Please make all cheques or money orders payable to:

ParaGolf Ontario

Cheque Amount Enclosed (Please check one):

- \$150 For Lifetime Members \$20 For Voting Members (Ontario Residents Only)
 \$15 For Associate Members

Return your membership form and the annual (calendar year) fee to:

Dan Oettinger
3B Dixie Road, St. Catharines, Ontario
L2N 2A7