



CLUB MEMBERSHIP APPLICATION
September 01, 2010- August 31, 2011



CLUB NAME: _____

TYPE OF CLUB: Junior _____ Senior _____ Both _____

TYPE OF MEMBER PAYMENT: YEARLY MEMBERSHIP _____ DROP IN FEE _____

LOCATION(S): _____

PRACTICE DAY(S)/TIME(S) _____

CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

CITY/TOWN: _____ **POSTAL CODE:** _____

PHONE: (H) _____ (W) _____ (C) _____

EMAIL ADDRESS: _____

* Clubs **MUST** provide the name, address, phone numbers, and date of birth of all members. Only the names listed will be covered by the NSBA insurance policy (see Handbook).

** IF your club is a "Drop-In Club" you **MUST** maintain a log of nightly participants which includes name, address, phone numbers and date of birth. This is required by the insurance company as a means of protecting you, the club organizer, and the NSBA against false claims.

*** An electronic template for collecting club memberships or nightly drop in participant registration will be forwarded upon receipt of this application form and full club membership fee.

CLUB MEMBERSHIP FEE \$75

Mail application and cheque (payable to NSBA) to:

c/o Executive Director

5516 Spring Garden Road 4th Floor

Halifax NS B3J 1G6