



FOR PROMPT MEMBERSHIP PROCESSING, GO TO: WWW.WSWO.CA AND REGISTER ON-LINE

MAIL TO: WSWO, 209-3 Concorde Gate, Toronto, ON M3C 2N7

OR FAX TO: 416-426-7378

2009 CAMP, CLUB AND SCHOOL MEMBERSHIP APPLICATION

Organization _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____

*E-mail _____

*Email address is required to improve the WSWO ability to effectively communicate with our members. It is for the private use of our organization and will not be released, sold or distributed to other agencies.

AREA OF INTEREST: (Rate level of interest in each discipline from 1-5, with 1 being the highest)

Classic _____ Wakeboard _____ Barefoot _____ Adaptive _____ Marathon _____

INFORMATION FOR WEBSITE/MAGAZINE PUBLICATION:

On-Water Location: _____

Contact Person: _____

Contact Phone: _____

Contact Email: _____

Website: _____

MEMBERSHIP TYPE:

School \$100.00

Club \$100.00

Camp \$80.00

Total Amount: _____

PAYMENT TYPE:

Credit Card

Cash

Cheque

(Make cheque payable to WSWO)

CREDIT CARD # _____ NAME ON CARD _____

EXPIRY _____ SIGNATURE _____