



FOR PROMPT MEMBERSHIP PROCESSING, GO TO:
WWW.WSWO.CA AND REGISTER ONLINE

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

OR FAX TO: 416-426-7378

2009 MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Cell phone _____

E-mail _____ Home Club _____

Email address is required to improve WSWO's 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

PLEASE LIST ADDITIONAL FAMILY MEMBERS & FRIENDS WHO REGULARLY PARTICIPATE IN ON-WATER ACTIVITES WITH YOU:

NAME	BIRTHDAY	GENDER		RATE EACH DISCIPLINE FOR LEVEL OF INTEREST FROM 1-5 WITH 1 BEING HIGHEST				
		M	F	Classic	Wakeboard	Barefoot	Adaptive	Marathon

MEMBERSHIP TYPE:

Associate Member _____ \$10.00 Active Single _____ \$30.00 Active Family _____ \$75.00

TOTAL AMOUNT: _____

PAYMENT TYPE:

Credit Card Cash Cheque **(Make cheque payable to WSWO)**

CREDIT CARD # _____ EXPIRY _____

NAME ON CARD _____ SIGNATURE _____

By signing this application I agree to comply with the rules, regulations and conduct policies of Water Ski & Wakeboard Canada. For a copy of these policies, please visit <http://www.waterski-wakeboard.ca/>

SIGNATURE _____

IN ORDER TO COMPETE OR PARTICIPATE IN AN EVENT, A WAIVER OF INSURANCE IS REQUIRED