



Alberta Horseshoe
Pitchers Association



A.H.P.A. MEMBERSHIP APPLICATION FORM

Associated Club _____ Membership Year: 20 _____

New / Renewal

The Membership year runs from January 1st to December 31st. This form must be completed and returned to the Membership Chair Person PRIOR to the start of the new season, (January 1st) in order to satisfy Alberta Gaming and Alberta Sport Connection.

Mail To: A.H.P.A. Memberships for information contact
c/o: David Kilbourn David or Winnona at:
9 Janko Close Phone: (403) 309-0734
Red Deer, AB T4P 3X1 E-mail dwkilbourn@hotmail.com

Name: _____ AHPA Card# 62 _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

e-mail: _____

By providing your e-mail you are giving AHPA permission to send e-mails regarding the AHPA.

Would you like to receive your newsletter by e-mail instead of mail? Yes No

PLEASE CIRCLE ONE 40' MEN 30' MEN (65 and over) WOMEN
DIVISION ONLY:
 JUNIOR PEE WEE NON-PLAYER

FEES: PLAYERS: \$15.00
NON-PLAYERS: \$5.00
JUNIORS / PEE WEE: \$5.00
ASSOCIATES: (6-17yrs) \$1.00
LIFE MEMBERS: (80yrs+) (must have been active an member for 5 years) \$5.00

DATE OF BIRTH: Year: _____ Month: _____ Day: _____

FEES ENCLOSED \$ _____

WAIVER: In consideration of participating in horseshoe activities, I hereby waive, release and forever discharge The Alberta Horseshoe Pitchers Association, all Officers, Employees, Agents and Servants of the afore mentioned organization, and all fellow participants of this event, for any and all actions, causes of actions, damages, loss or injury I may suffer as a consequence of participating in any Alberta Horseshoe Pitchers Association Sanctioned Tournament Event.

SIGNATURE: _____ DATE: _____