



ALBERTA HORSESHOE PITCHERS ASSOCIATION



MEMBERSHIP APPLICATION FORM

Associated Club _____

Membership Year: _____

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
c/o: Winnona Kilbourn
9 Janko Close
Red Deer, AB T4P 3X1

for information contact
Winnona at:
Phone: (403) 309-0734
E-mail: dwkilbourn@hotmail.com

Name: _____ AHPA Card# 62 _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ e-mail: _____

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

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

FEES: PLAYERS: \$15.00
 NON-PLAYERS: (18yrs+) \$5.00
 JUNIORS / PEE WEE: \$5.00
 FAMILY: (6-17yrs at same address) \$35.00
 ASSOCIATES: (6-17yrs) \$1.00
 LIFE MEMBERS: (80yrs+) (must have been an active 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: _____