



ALBERTA HORSESHOE PITCHERS ASSOCIATION



MEMBERSHIP APPLICATION FORM

Membership Year: _____ New _____ Renewal _____

The Membership year runs from January 1st to December 31st. Please complete this form and send it and appropriate fees to the Membership Chairperson prior to December 31 each year.
Please print clearly and fill in all the blanks.

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.

PLEASE CIRCLE ONE DIVISION ONLY:

40' MEN 30' MEN (65 and over) WOMEN JUNIOR PEE WEE

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

FEES: Adult Members \$20.00 If you wish to etransfer your fees, send the funds to e.michaelholley@hotmail.com and indicate here they have been sent _____

Junior / Pee Wee: Nil

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: _____

Mail To: A.H.P.A. Memberships
 c/o: Winnona Kilbourn
 9 Janko Close
 Red Deer, AB T4P 3X1

for information contact
Winnona at:
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E-mail wkilbourn@hotmail.com