



# ALBERTA HORSESHOE PITCHERS ASSOCIATION



## MEMBERSHIP APPLICATION FORM

Membership Year: \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_

The Membership year runs from January 1<sup>st</sup> to December 31<sup>st</sup>. 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](mailto: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: Mary Holley  
                 Module 6 Compartment 8  
                 Madden, AB T0M 1L0

for information contact  
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