

PGOSA Membership Application Form

OFFICE USE ONLY

Member # ___

Year __

PARKSVILLE GOLDEN OLDIES SPORTS ASSOCIATION

Incorporation S-39081 – September 1, 1993 Office: PO Box 957, Parksville, BC V9P 2G9

	Office: PO Box 957, Parksville, BC V9P 2G9 PGOSA Website: pgosa.org		Date
"Be Active; Get Involved"			PAID: New \$
Membership fees cover the period January 1 - December 31.			Renew
O 55 - 79	New member	Pin-on name badge	Badge
O 80 - 89	Returning member	Magnetic name badge	TOTAL
<u> </u>	After Sept 1		TOTAL
Associate	PLE	ASE NOTE: PGOSA is an age-res	_
NAME:		We require your birt	<i>h year to confirm</i> eligibility.
		First	Rirth year
			birtii yedi
Address			
City	Postal code		
Home phone		Cell	
Email address			
Signature: WAIVER: I understand is decide whether on responsibility of my point of my point of that I have, on result of my point of my	that participating in a sports er to participating in any PGO that the parties responsible lity for personal injury to me on of participation in PGOSA r may have in future, for any participation in presence of	s activity could result in injury, ar SA activity. for managing and organizing PG or loss of or damage to my pers A I hereby release and waive all li y loss, damage, injury or expense at any PGOSA activities.	nd that it is up to me to OSA activities assume onal property. ability for any claims that I may suffer as a
Signature:			
PGOSA runs on	volunteer power, and asks f	or assistance with one activity a	year. Can you help?
☐ Administration	on 🗖 Board of Directors 🗖	Social event \square Sport/Other:	_
Please note any ski	lls or expertise you have wh	ich you might be willing to share	: :
		, , ,	

Register by mail: Send your completed application, payment and a stamped, self-addressed envelope (for mailing your membership card) to: PGOSA Membership Committee