PGOSA Membership Application Form

PARKSVILLE GOLDEN OLDIES SPORTS ASSOCIATION

Incorporation S-39081 – September 1, 1993
Office: PO Box 957, Parksville, BC V9P 2G9
PGOSA Website: pgosa.org

"Be Active; Get Involved"

OFFICE USE ONLY

Member # _____
Year _____
Date _____
PAID: New $ _____
Renew _____
Badge _____
TOTAL _____

Membership fees cover the period January 1 - December 31.

- ◯ 55-79
- ◯ 80 - 89
- ◯ 90 +
- ◯ Associate

- ◯ New member
- ◯ Returning member

- ◯ Pin-on name badge
- ◯ Magnetic name badge
- ◯ No badge

PLEASE NOTE: *PGOSA is an age-restricted organisation. We require your birth year to confirm* eligibility.

NAME:

Last _____ **First** _____ ***Birth year*** _____

Address _____

City _____ **Postal code** _____

Home phone _____ Cell _____

Email address _____

Canada's anti-spam legislation (CASL) requires organizations that use electronic communications such as email to obtain explicit consent from anyone receiving the electronic communications.

I consent to receiving emails from PGOSA.

Signature: _____

WAIVER:

- *I understand that participating in a sports activity could result in injury, and that it is up to me to decide whether to participate in any PGOSA activity.*
- *I understand that the parties responsible for managing and organizing PGOSA activities assume no responsibility for personal injury to me or loss of or damage to my personal property.*
- *In consideration of participation in PGOSA I hereby release and waive all liability for any claims that I have, or may have in future, for any loss, damage, injury or expense that I may suffer as a result of my participation in or presence at any PGOSA activities.*
- *I declare that I have read, understood and agree to the contents of this WAIVER in its entirety and I sign it freely and voluntarily without any inducement.*

Signature: _____

PGOSA runs on volunteer power, and asks for assistance with one activity a year. Can you help?

❒ *Administration* ❒ *Board of Directors* ❒ *Social event* ❒ *Sport/Other:* _____

Please note any skills or expertise you have which 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
PO Box 957, Parksville, BC V9P 2G9

Print

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