



APPLICATION FOR ANNUAL MEMBERSHIP 2019-2020

September 1, 2019-August 31, 2020

Return to: Joanne Antoniak
1618 Kitchen Court
Oshawa, Ontario L1K 0H6

Membership # _____

Renewal ☐
New Membership ☐

Last Name: _____ First Name: _____

Preferred Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ email: _____

Gender: CIS Female _____ CIS Male _____ Trans Female _____ Trans Male _____ Other _____ Prefer not to Specify _____

Club Name: _____

Coach(es): _____

Coach's email: _____

Athletes only

Date of Birth : Y/M/D _____ Age as of September 1, 2019 _____

Country of Citizenship: _____ Canadian Resident: _____ Landed Immigrant: _____

New athletes : Photocopy of birth certificate or proof of Canadian citizenship MUST accompany new membership application.

Membership Fees*

	By Oct 31	By Dec 31	
Athlete Competitive	\$ 45.00 _____	\$ 85.00 _____	* Select all categories to be registered for
Athlete Recreational	\$ 15.00 _____	\$ 25.00 _____	* Pay only one fee for the highest level
Coach	\$ 45.00 _____	\$ 85.00 _____	* All athletes require an affiliation to a registered
Judge	\$ 45.00 _____	\$ 85.00 _____	CNBTA coach
Associate- Voting	\$ 45.00 _____	\$ 85.00 _____	* Includes accident & liability insurance premium
Volunteer - non voting	\$ 5.00 _____	\$ 5.00 _____	

ALL RENEWALS RECEIVED AFTER DEC 31 WILL NOT BE ACCEPTED
NEW MEMBERS ARE NOT SUBJECT TO LATE FEES AND MAY REGISTER AT ANY TIME

TERMS AND CONDITIONS: I agree that my membership is subject to the Canadian National Baton Twirling Association (CNBTA) Code of Practice and to the Constitution, By-laws and Rules of the Regulations of the CNBTA. The member agrees that any damages or losses, whether or not such damages or losses are caused by negligence or omission, shall not hold the CNBTA or their directors, officers or employees any liability to the member for such damages or losses. This includes any indirect consequential, special or compensating damages even if having been previously advised of the possibility of such damages. I understand photographs of me may appear on the CNBTA website, in print, brochures, social media or other promotional material. My name may be published in result listings. (Parent or guardian permission if under 18 years of age). Insurance certificates will be issued to all coaches only when completed membership forms and payment have been received by CNBTA Membership Co-ordinator. Any payment returned for insufficient funds will be subject to a \$25.00 surcharge, payable within 10 days of notification. By signing below, I confirm I have read and accept the CNBTA Code of Practice and agree to receiving general information in regards to CNBTA to the email address listed above.

ANY CHANGES TO THE INFORMATION ON THIS FORM MUST BE REPORTED TO CNBTA MEMBERSHIP CO-ORDINATOR IMMEDIATELY AT –
cnbtamembership@gmail.com.

Signature (Parent/Guardian's signature if under 18 years of age)

Date

For CNBTA Use Only

Payment Received ☐ Proof of DOB ☐ Citizenship ☐ Residency ☐