**APPLICATION FOR MEMBERSHIP**

*September 1 – August 31*

**MEMBER INFORMATION**

Name: Address:

City: Province: Postal Code:

Telephone (H) ( ) Telephone (Alt): ( )

E-Mail Address: Date of Birth: / /

Disability: Gender:

**MEMBERSHIP TYPE**

[ ] Adult ($15) [ ] Youth – 17 and under ($10) [ ] Family ($25)

Fee enclosed:$ .

Please make cheques payable to Manitoba Wheelchair Sport Association

**SPORT INFORMATION**

What sport(s) are you interested in?

[ ] Wheelchair Basketball [ ] Wheelchair Rugby [ ] Wheelchair Tennis [ ] Other

**ACCEPTANCE OF MEMBERSHIP TERMS**

* I realize that, with this Membership, I may be subject to unannounced drug testing as provided for by Wheelchair Basketball Canada’s and Canadian Wheelchair Sport Associations’ agreement with the Canadian Centre for Ethics in Sport.
* In consideration of my acceptance as a member of MWSA, I hereby agree to follow all policies, procedures, rules and regulations set out by MWSA.
* I understand that MWSA retains personal information about me in their files. I accept the use of my personal information for the purposes described in accordance with MWSA’s *Privacy Policy,* which is available by contacting the MWSA office.

**I agree to the above terms of Membership, upon my admission to Manitoba Wheelchair Sport Association as a member.**

Signature (Guardian if under 18) Date:

*Forms and payment can be submitted to:*

*Manitoba Wheelchair Sport Association, 430 – 145 Pacific Ave, Winnipeg, MB, R3B 2Z6*

*Ph: 204-925-5790 – Fax: 204-925-5792 – mwsa@sportmanitoba.ca*