

MEMBERSHIP APPLICATION (Page 2)

Main Parent/Guardian Name:	Email Address:
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Family Member Name:	
Date of Birth (DOB):	Gender: <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Non-Binary <input type="radio"/> Gender Variant
Membership Types (Can choose more than 1): <input type="radio"/> Athlete <input type="radio"/> Coach <input type="radio"/> Leader (Instructor, Trainer, Admin) <input type="radio"/> Other (Board, Volunteers)	

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OFFICE USE ONLY		
RECEIVED: _____	TOTAL MEMBERS: _____	PAGE 1 COMPLETED/SIGNED: _____
<small>DAY / MONTH / YEAR</small>		<small>Y / N</small>