



Filipino - Canadian Tennis Association of Saskatchewan

P.O. Box _____ Saskatoon, Saskatchewan, Canada

MEMBERSHIP FORM

Applicant Personal Data:

Last Name:	First Name:	Middle Name:
Address:		
City:	Province:	Postal Code
Mobile Number:	Phone No. and Contact In Case of Emergency	
Email:	Fax/FB/IG:	

Applicant References:

Name	Email or Phone Number

Membership Dues:

Membership Type: (Annual)	Paid Amount:	Received By: _____, CFO
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Please read and sign. In applying to become a member of FCTAS, I, the undersigned, confirm that:

- 1.) I have read the terms and conditions of membership set in the charter of FCTAS.
- 2.) I am fully aware of the limitations of liabilities set by FCTAS to its members.
- 3.) Finally, understand that FCTAS reserves its rights to refuse membership to applicants and membership is revocable without cause.

Applicants Signature and Date:

Recommending Approval:

Approved:

Membership Director

FCTAS President

Privacy Notice: FCTAS respects your privacy and take the protection of personal information very seriously, and applicant has the option to not reveal very delicate personal information in the membership form.