

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  | CContact In Case of Emergency |
| Email: |  | Fax/FB/IG: |  |

**Applicant References:**

|  |  |
| --- | --- |
| Name | Email or Phone Number |
| 1. |  |
| 2. |  |

**Membership Dues:**

|  |  |  |
| --- | --- | --- |
| Membership Type: (Annual, Lifetime) | Paid Amount: | Received By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , CFO |

**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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Membership Director

 Approved:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.