



# 2010 BC Athletics Full Club Membership Application

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|---|--|-----------|
| <input type="checkbox"/> <b>New Application</b>                 | First time club member in 2010         | \$ 78.75  |
| <input type="checkbox"/> <b>Renewal</b> (due December 31, 2009) | 5 - 19 members as of 9/30/2009         | \$ 78.75  |
|   | 20 - 49 members as of 9/30/2009        | \$ 131.25 |
| <i>Note: Fees must be submitted with application form</i>       | 50 to 99 members as of 9/30/2009       | \$ 210.00 |
|   | 100 + members as of 9/30/2009          | \$ 262.50 |
| <b>Or</b>   |  |           |
| <input type="checkbox"/> <b>Update</b>                          | Changes or additional information only |           |

**Please note the following information and club membership requirements:**

- Club membership is valid from January 1<sup>st</sup> to December 31<sup>st</sup> each year. Renewals are due Dec. 31<sup>st</sup>.
- Keep club contact (mailing address, phone, fax, email, website) information current with BC Athletics.
- The BC Athletics office must be advised of any changes to the information submitted on this form.
- Incomplete forms will be returned. Complete all fields. Enter "n/a" where necessary. If needed use back page for additional information.
- GST is included. GST #127293264
- There must be at least 5 individual, first claim members in the club.
- All individual members of the club must hold a current BC Athletics Individual membership appropriate to their activities in the club or hold a current membership with another Provincial/Territorial or National Athletics Federation (as per BC Athletics, Athletics Canada and IAAF Rules).
- BC Athletics member clubs must sanction all events they organize/host/sponsor.
- For further information and requirements refer to the BC Athletics Operating Policies, Procedures, Rules and Regulations - Section 24 available on the BC Athletics website at [www.bcatletics.org](http://www.bcatletics.org)

**Club Name:** \_\_\_\_\_ **Colours:** \_\_\_\_\_

<b>Club Mailing Address:</b>	<b>Club Invoicing Address:</b> (if different from mailing address)
_____	_____
_____	_____
_____	_____
_____	_____

**Club phone:** ( \_\_\_\_ ) \_\_\_\_\_ **Club fax:** ( \_\_\_\_ ) \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Geographical drawing area:** \_\_\_\_\_

**Is the club a registered Non-Profit Society with the Registrar of Companies, Prov. of BC?**  Yes  No

The following acknowledgement is part of the membership application and must be completed & signed.

**BC Amateur Athletics Association Acknowledgment of Club Membership Responsibilities.**

**Upon acceptance as a member club of BC Athletics,** \_\_\_\_\_ *( club name )*  
**agrees to abide by the bylaws, rules and policies of BC Athletics and Athletics Canada.**

\_\_\_\_\_  
*Date (MM/DD/YY)*

\_\_\_\_\_  
*Signature of club President*

<b>Training Venue(s)</b> - (Track & Field Stadiums, Schools, Parks, Community Centres etc.)		
Name:	Name:	Name:
Location:	Location:	Location:
Seasons:	Seasons:	Seasons:
Times:	Times:	Times:
Is your training facility shared with other athletics/sport groups? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES please give details: _____ _____ _____		

**THE CLUB WILL PROVIDE PROGRAMS IN THE AREAS IDENTIFIED BELOW**

<input type="checkbox"/> <b><u>TRACK</u></b> <input type="checkbox"/> Sprints <input type="checkbox"/> Long Jump <input type="checkbox"/> Shot Put <input type="checkbox"/> Pentathlon <input type="checkbox"/> Hurdles <input type="checkbox"/> Triple Jump <input type="checkbox"/> Discus <input type="checkbox"/> Heptathlon <input type="checkbox"/> 800M - 5000M <input type="checkbox"/> High Jump <input type="checkbox"/> Hammer <input type="checkbox"/> Decathlon <input type="checkbox"/> 10000 - Marathon <input type="checkbox"/> Pole Vault <input type="checkbox"/> Weight <input type="checkbox"/> Steeple Chase <input type="checkbox"/> Walks <input type="checkbox"/> Javelin	<input type="checkbox"/> <b><u>ROAD RUNNING</u></b>	<input type="checkbox"/> <b><u>CROSS COUNTRY RUNNING</u></b>  <input type="checkbox"/> <b><u>PARALYMPIC PARTICIPATION</u></b> <input type="checkbox"/> Wheelchair <input type="checkbox"/> Blind <input type="checkbox"/> Amputee <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Intellectually Disabled
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**EVENTS YOUR CLUB WILL HOST IN 2010**

Date	Event	RR, T&F or XC

**BOARD OF DIRECTORS AND CLUB EXECUTIVE**  
 Complete all information requested for each individual

**PRESIDENT**

Name:		BCA #
Address:		City:      Postal Code:
Ph:	Fax:	Email:

**VICE PRESIDENT**

Name:		BCA #
Address:		City:      Postal Code:
Ph:	Fax:	Email:

**SECRETARY**

Name:		BCA #
Address:		City:      Postal Code:
Ph:	Fax:	Email:

**TREASURER**

Name:		BCA #
Address:		City:      Postal Code:
Ph:	Fax:	Email:



