



BC Athletics

Full Club Membership Application

\$262.50 (includes GST #127293264)

***This form is to be used for new club membership applications.
Existing club members must renew through trackie.me***

Please note the following information and club membership requirements:

- Club membership is valid from January 1st to December 31st each year. Renewals are due Dec. 31st.
- Club membership applications are submitted to the BC Athletics Board of Directors for approval once the completed form and fees are submitted and all outstanding items from the previous membership are completed
- Keep club contact (mailing address, phone, fax, email, website) information current onTrackie.me
- 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.
- There must be at least 5 individual, first claim members in the club at the time club membership is applied for.
- 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

Club: _____ **Colours:** _____

Club Mailing Address:

Club Invoicing Address: (if different from mailing address)

Club phone: (____) _____

Club fax: (____) _____

Email: _____ **Website:** _____

Geographical drawing area: _____

The club is 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

Payment Information

Visa / Amex / MC card #:		Exp. Date:	
Name on Card:		Payment Amt.:	
Email address for receipt:			

Training Venue(s) - (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"/> TRACK	<input type="checkbox"/> Long Jump	<input type="checkbox"/> Shot Put	<input type="checkbox"/> Pentathlon	<input type="checkbox"/> ROAD RUNNING	<input type="checkbox"/> CROSS COUNTRY RUNNING
<input type="checkbox"/> Sprints	<input type="checkbox"/> Triple Jump	<input type="checkbox"/> Discus	<input type="checkbox"/> Heptathlon	<input type="checkbox"/> PARALYMPIC PARTICIPATION	
<input type="checkbox"/> Hurdles	<input type="checkbox"/> High Jump	<input type="checkbox"/> Hammer	<input type="checkbox"/> Decathlon	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Blind
<input type="checkbox"/> 800M - 5000M	<input type="checkbox"/> Pole Vault	<input type="checkbox"/> Weight		<input type="checkbox"/> Amputee	
<input type="checkbox"/> 10000 - Marathon	<input type="checkbox"/> Walks	<input type="checkbox"/> Javelin		<input type="checkbox"/> Cerebral Palsy	
<input type="checkbox"/> Steeple Chase				<input type="checkbox"/> Intellectually Disabled	

EVENTS YOUR CLUB WILL HOST

Date	Event	RR, T&F or XC

BOARD OF DIRECTORS AND CLUB EXECUTIVE

Complete all information requested for each individual. All individuals listed must hold a current BC Athletics Individual membership appropriate to their participation in the club.

PRESIDENT

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

VICE PRESIDENT

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

