



BC Athletics

Athletics Society/Organization Affiliate Club Membership Application

Fee: \$105.00 (GST #127293264)

This form is to be used for new club applications. Existing clubs renew through Trackie.me

The purposes of the Athletics Society/Organization Affiliate Club shall be limited to:

- The hosting of competitions in Athletics and/or
- The promotion of and support in the development of Athletics

Please note the following:

- There must be a minimum of 5 individual club members each of whom must have a current and appropriate membership with BC Athletics that is relative to their position and/or role in the affiliated society club.
- Club memberships are valid from January 1st to December 31st each year.

Club Name: _____

Club Mailing Address:

Club Invoicing Address: (if different from mailing address)

Club phone: (____) _____

Club fax: (____) _____

Email: _____

Website: _____

Drawing area for members : _____

Is the club a Registered Non-Profit Society with the Registrar of Companies, Province of BC? Yes No

Attach a copy of your mission statement and provide a description of your mandate in Athletics in BC or a Region of BC:

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:			

EVENTS YOUR CLUB WILL HOST THIS YEAR

Date	Event	RR, T&F or XC

BOARD OF DIRECTORS AND CLUB EXECUTIVE

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:

REGISTRAR

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

BOARD OF DIRECTORS

NAME	BCA#	PHONE	FAX

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