



Belize Canoe Association (BCAnoe)

P. O. Box 283, Belmopan, Belize • Tel: 601-4197

www.bcanoe.bz

info@bcanoe.bz



Membership Application

PLEASE PRINT CLEARLY

Date: _____

PERSONAL INFORMATION

Name: _____ Date of Birth: ____/____/____ Age: _____
(First) (Middle Initial) (Last) (Day / Month / Year)

Postal Address: _____ Gender: M / F

Tel / Cell: _____ Email: _____
(This email will be added to our email list, where you'll get all notifications)

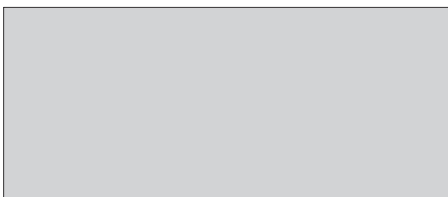
Emergency Contact Person: _____

Tel / Cell: _____ Email: _____

TYPE OF MEMBERSHIP

		List Family Members for Family Membership				
	Membership Number	Name	Date of Birth	Age	Sex	Type
<input type="radio"/> Renewal		_____	_____	_____	_____	_____
<input type="radio"/> New		_____	_____	_____	_____	_____
<input type="checkbox"/> INDIVIDUAL <small>(Racer -> 18yrs+)</small>	\$50	_____	_____	_____	_____	_____
<input type="checkbox"/> ASSOCIATE <small>(non-racer -> 18yrs+)</small>	\$30	_____	_____	_____	_____	_____
<input type="checkbox"/> NON-RESIDENT	\$50	_____	_____	_____	_____	_____
<input type="checkbox"/> LIFETIME <small>(18yrs & over)</small>	10x	_____	_____	_____	_____	_____
<input type="checkbox"/> JUNIOR <small>(<18yrs)</small>	\$20	_____	_____	_____	_____	_____
<input type="checkbox"/> FAMILY <small>(2 adults and kids <18yrs same house)</small>	\$100	_____	_____	_____	_____	_____

- Dues received after 30 November will be assessed a \$15 late fee (juniors \$5). If not included, application will be returned. Only registered members with dues up to date will be granted their privileges.
- The applicant hereby agrees to comply with the BCAnoe Rules and acknowledges that BCAnoe will not be responsible for any injury or loss of life, stolen or loss of or damage to personal equipment and property, during participation in our activities. The applicant understands the risk involved in the sport and also that photographs may be taken during BCAnoe events and may be used for training or publicity.
- It is the responsibility of the applicant to inform BCAnoe of any medical condition and if this condition requires you to ingest or inhale any stimulant type medication to control said condition.
- Please submit a photo head and shoulders (no sunglasses and no hats), as this will be placed on your membership card. If you don't have one, we can take one for you.
- New members are required to provide a copy of any government issue identification card to prove your date of birth.



Applicant's Signature

Signature of Parent or Guardian for Juniors

Name: _____

Relationship: _____

Tel / Cell: _____

FOR OFFICIAL USE ONLY

Date Received: ____/____/____ Late App: _____
dd / mm / yr

Mem #: _____ DOB ck: _____
Id Used: _____

Receipt Number: _____

Mem Card Issued: _____ **BCAnoe Rep**