

**SASKATCHEWAN BLIND SPORTS ASSOCIATION and  
CANADIAN BLIND SPORTS ASSOCIATION  
2015-2016 MEMBERSHIP APPLICATION FORM**

Ensure this information is correct and complete; indicate any changes in the appropriate area.

DATE OF APPLICATION: \_\_\_\_\_

PERSONAL INFORMATION

NAME: _____	ZONE: _____
ADDRESS: _____	MALE: _____
CITY & PC: _____	FEMALE: _____
PHONE: _____	BIRTH DATE: _____
EMAIL: _____	MEMBERSHIP: _____

Check one of the following that is most applicable to your Aboriginal ancestry.

STATUS/ TREATY _____	NON- STATUS _____	METIS _____	INUIT _____
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SIGHT CLASSIFICATION

B1 (Total) _____	B2 (Low Partial) _____	B3 (Partial) _____	Sighted _____
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AREA OF DISCIPLINE

BOWLING _____	LAWN BOWLS _____
CURLING _____	POWERLIFTING _____
GOALBALL _____	OTHER _____
GOLF _____	INACTIVE _____

Involvement (Coach, Director, Driver, Guide, Participant, Referee) \_\_\_\_\_

List any NCCP (National Coaches Certification Program) courses you have completed.

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

Indicate INDIVIDUAL or HOUSEHOLD (one copy of mail-outs per household)

Indicate EMAIL to receive mail-outs by email

Individual _____	Household _____	Email _____
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Submission of this form with your payment serves as consent for SBSA to access, use and disclose your personal information as provided, solely for the purpose of SBSA and the programs provided.

Membership Fee for 2015-2016 is \$10.00.

You automatically become a member of Canadian Blind Sports Association (CBSA).

Please make cheque payable to **SBSA**

and return along with this Form to 510 CYNTHIA STREET, SASKATOON SK S7L 7K7

Your Application will be processed by SBSA Office. A Membership Card will be issued upon request.