

APPLICATION FOR CLUB MEMBERSHIP 2016 – 2017

Please note: *These names may appear in the 2016-2017 GNS Directory or on the GNS Webpage. If you want any names, phone numbers or email addresses omitted from the GNS Directory or GNS Webpage please indicate beside the persons name.*

Application is made herewith for membership in Gymnastics Nova Scotia by:

Name of Club: _____

Club Address: _____

Postal Code: _____ **Phone:** _____ **Fax:** _____

Mailing Address: _____ **City:** _____

Postal Code _____ **Club E-mail Address:** _____

Club Website Address: _____

President: _____ **E-mail address:** _____

Address: _____

Postal Code: _____ **Phone: (h)** _____ **(o)** _____

Registrar: _____ **E-mail address:** _____

Head Coach: _____ **E-mail address:** _____

MPC Representative: _____ **E-mail address:** _____

WPC Representative: _____ **E-mail address:** _____

TTPC Representative: _____ **E-mail address:** _____

Rec/Educ Representative: _____ **E-mail address:** _____

- This application is made with the understanding that, if accepted, the club will be governed by the Constitution, By-Laws and Policies of Gymnastics Nova Scotia.***

- By signing this form, I am confirming that my club has and will continue to have all members sign the Information Release Form as provided by Gymnastics Nova Scotia.***

Date: _____

Signature: _____