<u>APPLICATION FOR CLUB MEMBERSHIP 2018 – 2019</u>

<u>Please note:</u> These names may appear on the GNS Webpage. If you want any names, phone numbers or email addresses omitted from the 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 addr	ess <u>:</u>	
Address:			_
Postal Code:	Phone: (h)	(0)	_
Registrar:	E-mail addr	ess <u>:</u>	
Head Coach:	E-mail addr	·ess <u>:</u>	
MPC Representative:	E-mail addre	ess <u>:</u>	
WPC Representative:	E-mail addre	E-mail address <u>:</u>	
TTPC Representative:	E-mail addre	E-mail address:	
Rec/Educ Representative:	E-ma	ail address <u>:</u>	
	-	g that, if accepted, the club w	vill be governed b
☐ By signing this form,	s and Policies of Gymnast I am confirming that my cl se Form as provided by G	lub has and will continue to I	have all members
Date:	Signature:		