

APPLICATION FOR CLUB MEMBERSHIP 2009 – 2010

Please note: These names will appear in the 2009-2010 GNS Directory. If you want any names or phone numbers omitted from the Directory 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 _____ **E-mail Address:** _____

Club Website Address: _____

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

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

Address: _____

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

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

Address: _____

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

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

Address: _____

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

MPC Representative: _____

Address: _____ **E-mail address:** _____

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

WPC Representative: _____

Address: _____ **E-mail address:** _____

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

TTPC Representative: _____

Address: _____ **E-mail address:** _____

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

Recreational/Educational Representative: _____

Address: _____ **E-mail address:** _____

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

Date: _____ **Signature:** _____