Ontario Ringette Association
Membership Registration Form

WHITE - O.R.A. COPY
PINK - ASSOCIATION

NAME OF HOME ASSOCIATION | **ASSOC. NO.** | **NEW** | **OVER 18**

SURNAME | **GIVEN NAME** | **SEX**

STREET ADDRESS | **APT. NO.**

TOWN/CITY | **PROVINCE** | **POSTAL CODE**

AREA | **TELEPHONE** | **BIRTHDATE (MM/DD/YY)**

ASSOCIATION REGISTRAR USE ONLY:

AGE VERIFIED BY:

NAME (Print):_____

SIGNATURE:_____

I, the undersigned (registrant or legal parent/guardian), in registering with the Ontario Ringette Association as a Registered Affiliate or Associate Registered Affiliate Member, agree to abide and be governed by all prescribed by-laws, rules, regulations, policies, principles and philosophies as outlined in the Corporation's Operating Manual, circulated to the Registered Member and Associate Registered member on an annual basis.

_____ _____
Applicant or Parent/Guardian Consent Date

Revised September 8, 2002

Ontario Ringette Association - 705-1185 Eglinton Ave. East, North York, M3C 3C6

M-F-15

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