



Membership Form

Name: _____
Family Name Given Name(s)

Street: _____

City: _____ Province: _____ Postal Code: _____

Phone: (H) _____ (C) _____ (W) _____

DATE OF BIRTH: _____ (yyyy/mm/dd) e-mail: _____

Player level (circle): Beginner Intermediate Advanced Competition Professional

Applicant's Signature: _____

Date: _____ / _____ / _____
yyyy mm dd

Reasons for joining CPF: _____

Will you volunteer your time to help out in club activities? Y / N

Describe how you help out / areas of expertise:

YEARLY MEMBERSHIP COST: \$20

(payable by e-transfer to cpf@canadapadel.ca, or email-us for other options)

PRINT THIS FORM, SIGN, SCAN AND EMAIL TO: cpf@canadapadel.ca

Application for membership shall be made by the applicant in writing and must be approved by the Membership Committee.

The approval or rejection of each application shall be at the discretion of the membership committee and their decision shall be final.

For Office Use Only

Accepted by: _____

Membership #: _____

Date: _____ / ____ / ____

Paid: Cheque / Cash / e-transfer / PayPal

