

Arthur Area Curling Club - Membership Registration Form 2022 - 2023

Family (Last) Name	First Name	OCA Dues	
-----	-----	YES	NO
	-----	YES	NO
	-----	YES	NO
	-----	YES	NO

Address

Mailing Address: _____

Phone Number: _____

Email Address: _____

2022-2023 Dues

Membership Type		Dues (includes HST)
Adult Membership	Full Dues	\$350.00
	Per Draw	\$135.00
Thursday Night Skips Choice League Only	Full Dues	\$350.00
One Night Only for the year <small>*Excludes Thursday Night</small>		\$305.00
Learn To Curl Rates (For Brand New Curlers)	Per Draw (* First Draw Free)	\$100.00
	Full Dues (3 draws)	\$200.00
Juniors	Sunday	\$85.00
	Sunday & through the week	\$150.00
DISCOUNT	Legion + Grand Valley <small>Applied to full dues (350.00) and one night only (\$305) only. Excludes the new member rate, juniors, and adult per-draw dues.</small>	-\$100.00
	Total Dues Owning:	

Payment Method

- Cheque paid in full
 Cheque post dated
 Cash paid in full
 e-transfer received
 (arthurcurlingclub@gmail.com)

Payment Information

Sign up and payment must be submitted by December 1st
 or alate fee of \$10/month after this date will be in effect.
 Dues may be paid in full or by three post-dated
 cheques. **Post-dated cheques must be dated
 October 23rd, November 23, December 23rd**

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Volunteer Duties

The Arthur Area Curling Club is a volunteer organization. In order to keep fees low, all members are asked to help out with the running of the club throughout the season (e.g., bar tending, kitchen duty etc.). Members can sign up for their choice of volunteer duties on the membership board in the club room.

I agree to volunteer my time with an event this season and sign the volunteer board. Initial: _____
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Rowan's Law – Concussion Protocols as of Jan. 1st, 2019 for all Sports Organizations in Ontario

I have signed the Receipt of Review of Concussion Awareness Resource (19 and up) Initial: _____
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I have signed the Code of Conduct for Concussion Awareness (18 and under) Initial: _____
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Privacy Waiver

I hereby agree that I have read and understand the privacy policy and I hereby consent to the collection, use and disclosure of my personal information by the Arthur Area Curling Club in accordance with the privacy policy.

Yes **No**

Signature _____ Date _____
Signature _____ Date _____
Signature _____ Date _____
Signature _____ Date _____