

**Arthur Area Curling Club - Membership Registration Form
2023 - 2024**

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

Address

Mailing Address: _____

Phone Number: _____

Email Address: _____

2023-2024 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 22nd, November 22nd · December 22nd**

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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 clubroom.

Please sign the Volunteer Deposit Form

Rowan's Law – Concussion Protocols as of Jan. 1st, 2019 for all Sports Organizations in Ontario for 26 year old's and under

I have signed the Receipt of Review of Concussion Awareness sheet (19-26 years old) Initial: _____

I have signed the Code of Conduct for Concussion Awareness (18 and under) Initial: _____

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Do you have your SMART SERVE? **Yes** **No** If yes, number _____

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 _____