



AASRA

Alberta Amputee
Sports & Recreation
Association

Membership Application Form

Applicants Name: _____

Mailing Address (incl. postal code): _____

Email: _____

Phone: _____

Date of Birth (optional): _____

Amputation Type (optional): _____

Reason(s) for joining (please check all that apply):

- Support Groups Other: (please specify) _____
- Sporting Activities _____
- Recreational Activities _____
- Funding Opportunities _____
- Volunteer Opportunities _____

What sport(s) are you interested in (please check all that apply):

- Nordic Skiing Cycling Wheelchair Basketball
- Alpine Skiing Golf Wheelchair Rugby
- Swimming Soccer SH Volleyball
- Triathlon
- Other: (please specify) _____

Member Voting Privileges (please select one):

- I wish to be a Voting member of AASRA
- I prefer to be a non-Voting member of AASRA

Additional Comments: _____

Date of Application Submission: _____

Become a Member of AASRA!

AASRA provides its membership with financial support so they can experience life to the fullest in a sport or recreation program of their choosing.

Membership gives you the advantages of peer support, financial help for your sporting and recreational activities and social support at Annual General Meetings and other events.

Some of our Programs include:

- Competitive Sports Event Funding
- Recreational Membership Funding
- Funding for Youth

MEMBERSHIP FEES
 Annual..... \$50
 Lifetime..... \$150

To learn more, please visit: aasra.ab.ca

To become a Member, complete this form and submit it to AASRA either via email (info@aasra.ab.ca) or regular post mail. Our mailing address is:

Alberta Amputee Sports & Recreation Association
P.O. Box 86093 Marda Loop PO
Calgary, AB T2T 6B7

OUR MISSION...

To support and provide opportunities for amputees in recreation and sporting activities, in both disabled and able bodied events.