



AASRA
Alberta Amputee
Sports & Recreation
Association

Membership Application Form

Applicants Name: _____

Mailing Address (incl. postal code): _____

Email: _____

Phone: _____ **Date of Birth (DD-MM-YYYY):** ____ - ____ - ____

Gender: M (Male) F (Female) NB (Non-Binary)

Amputation Type (optional): _____

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

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

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

- Nordic Skiing Alpine Skiing Swimming Cycling Golf Soccer
 Wheelchair Basketball Wheelchair Rugby Sit 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: _____