**NORTH SHORE AQUATICS SOCIETY**

**Society # S-0060633**

Email: [nsaquatic.society@gmail.com](mailto:nsaquatic.society@gmail.com)

**REGISTRATION**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Corporation**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**M/F:**

**FIRST NAME:**

**BIRTHDATE:**

(

DD/MM/YY)

**ADDRESS:**

**CITY:**

**POSTAL CODE:**

**PHONE:**

**E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(required for all registrants - email addresses will not be shared)

**The North Shore Aquatics Society collects and uses your personal information for the purposes of registration, administration and functions of the Society.**

**The Society's Policy and Procedures adhere to the requirements o the Personal Information Protection Act of BC.**

**It is a requirement of registration that the information be provided and that it will only be used for the purposes indicated. By your signature on this form you signify**

**your consent to the collection and use of your personal information in accordance with the Society's Privacy Policy.**

**SIGNATURE**

Registrant or Club/Group Representative:

Position with Club/Group:

**DATE :**

**\*\*\*Fees must be paid at the time of registration\*\*\***

**Payment = $60 (Corporations group/club registration); mail: individual registration FREE**



Payment should be made to: **North Shore Aquatics Society**

Mail address: 4025 Mt Seymour Parkway, North Vancouver, BC. V7G 1Z8

Donations: $5 $10 $20 

***Support the Vision Visionupport the Vision***