



NORTH SHORE AQUATICS SOCIETY

Society # S-0060633

Email: nsaquatic.society@gmail.com

REGISTRATION

Corporation: _____ Date: _____

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 of 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); 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