



## Manual Membership or Registration Application 2021- 2022 (HST is included)

Membership or Registration Categories <small>All amounts include \$19.95 CurlON &amp; Curl Canada Fees</small>	CHOOSE 1 OF 3 PAYMENT OPTIONS				
	#1 Paid by Sept 15, 2021	#2 Installment Plan (see note below)		#3 Paid After Sept 15 2021	
		All Rec'd by Sept 15, 2021	Post Dated Oct 29, 2021	Post Dated Dec 31, 2021	
<b>1) Full Membership</b>					
a) Full Member	<input type="checkbox"/> \$715	<input type="checkbox"/> \$245	\$240	\$240	<input type="checkbox"/> \$775
b) Spousal (fee for each spouse)	<input type="checkbox"/> 650	<input type="checkbox"/> 230	215	215	<input type="checkbox"/> 705
c) Age 30 to 39 (born after Dec 31, 1982)	<input type="checkbox"/> 565	<input type="checkbox"/> 195	190	190	<input type="checkbox"/> 615
d) Age 19 to 29 (born after Dec 31, 1992)	<input type="checkbox"/> 525	<input type="checkbox"/> 185	175	175	<input type="checkbox"/> 570
e) Welcome Back (not a member in the past 2 seasons)	<input type="checkbox"/> 520	<input type="checkbox"/> 180	175	175	<input type="checkbox"/> 565
f) New Member (new in 2020-21-22 or Learn to Curl)	<input type="checkbox"/> 450	<input type="checkbox"/> 160	150	150	<input type="checkbox"/> 490
g) Full Time Student	<input type="checkbox"/> 240				<input type="checkbox"/> 260
<b>2) Restricted Membership</b>					
<b>A. One League:</b> a) Club Championship	<input type="checkbox"/> 485	<input type="checkbox"/> 175	160	160	<input type="checkbox"/> 525
b) Wednesday Night Mixed	<input type="checkbox"/> 475	<input type="checkbox"/> 165	160	160	<input type="checkbox"/> 515
c) Thursday Night Industrial	<input type="checkbox"/> 460	<input type="checkbox"/> 160	155	155	<input type="checkbox"/> 500
d) Tuesday Day Ladies	<input type="checkbox"/> 455	<input type="checkbox"/> 155	155	155	<input type="checkbox"/> 495
e) Thursday Day Ladies	<input type="checkbox"/> 455	<input type="checkbox"/> 155	155	155	<input type="checkbox"/> 495
f) 2-Person Curling	<input type="checkbox"/> 175				<input type="checkbox"/> 190
g) Rookie League	<input type="checkbox"/> 95				<input type="checkbox"/> 105
<b>B. Snowbird</b> (full member through to Dec 23/21.)	<input type="checkbox"/> 360				<input type="checkbox"/> 380
<b>3) Associate Registration</b>					
a) Pay as you Play	<input type="checkbox"/> 65				<input type="checkbox"/> 70
b) Learn to Curl	<input type="checkbox"/> 70				<input type="checkbox"/> 75
<b>Locker Fees:</b> Full Locker	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30			<input type="checkbox"/> \$30
Half Locker	<input type="checkbox"/> 20	<input type="checkbox"/> \$20			<input type="checkbox"/> \$20
<b>Total Fees Payable:</b> by					
<input type="checkbox"/> Cheque, <input type="checkbox"/> Debit, <input type="checkbox"/> E-Transfer, <input type="checkbox"/> Cash	\$	\$			\$

- The **Installment Plan** first payment must be **received by Sept 15th** by e-transfer or cheque. The following 2 payments must be by **cheque received by Sept 15th** and **post dated to Oct 29 and Dec 31, 2021**.
- E-Transfer payment is made to [wccpayment@wellandcurlingclub.com](mailto:wccpayment@wellandcurlingclub.com)
- All cheques are payable to the Welland Curling Club. There is a \$30 fee on all NSF

**Member Agreement:** The applicant hereby:

- waives the requirement of receiving the AGM notice by mail, provided that such notice has been posted in the club 10 days prior to the date of the meeting.
- consents to allowing the Club to communicate by email regarding club information, events and membership information.
- consents to the Club's use of pictures taken within the club that contain the image of the applicant.
- acknowledges having read and accepted the Club's **Release of Liability, Waiver of Claims & Indemnity Agreement**, or if under 18 years of age, complete, sign and submit with this application, the **Informed Consent and Assumption of Risk Agreement**
- acknowledges having read and accepted the Club's **Vaccination and Accommodation Policy** and submitted with this application the completed **Declaration of Compliance-COVID-19** document.
- acknowledges reviewing annually the Ontario Government issued **Rowan's Law Concussion Awareness Resources**.

Signature: \_\_\_\_\_

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

Name _____	E-Mail: _____
Address _____	City _____ Postal Code _____
Phone _____	Date of Birth (if born after Dec 31, 1982) _____

Club Confirmation	Payment Rec'd \$ _____	Payment Method	<input type="checkbox"/> Cheque, <input type="checkbox"/> Debit, <input type="checkbox"/> E-Tansfer, <input type="checkbox"/> Cash,
Rec'd by: _____	Date Rec'd: _____	<input type="checkbox"/> Attached Declaration of Compliance - COVID-19 document.	