



Membership Form

Membership Fee:

***all OVTPA members must purchase a CTCPA membership**

OVTPA		CTCPA
\$40.00 Individual	[]	\$40.00 Adult []
\$60.00 Family	[]	\$10.00 Senior Youth []
		\$0.00 Junior Youth []

NOTE – OVTPA Family membership is for children under the age of 18 years. Once a child is 18 years as of January 1st, it is their responsibility to purchase an “Individual” membership.

Total: \$ _____

Name: _____

{if this is a family membership, list all members}

Address: _____

City & Province: _____

Postal Code: _____

Phone Number: _____

Email Address: _____

Insurance Information

Insurance Company Name: _____

Policy Number: _____ Expiry Date: _____

Please attach proof of liability insurance for administration purposes prior to attending an OVTPA event.

I give the OVTPA permission to publish my name, contact information and photo for website and media purposes.

I **DO NOT** give the OVTPA permission to publish my name, contact information and photo for website

I have read and agree to the Terms and Conditions set forth by the OVTPA Waiver.

Signature: _____ Date: _____

Signature of Guardian if under 18 years of age: _____

Please make cheques payable to OTTAWA VALLEY TEAM PENNING ASSOCIATION {OVTPA}
Return completed form to: Joanne Desarmia – 30 Abigail Street, Arnprior, ON, K7S 1B1
...or etransfer payment to js.schlievert@gmail.com – security answer: OVTPA2018