



2010 MEMBERSHIP APPLICATION FORM

(November 1, 2009 – October 31, 2010)

Membership Fees: Individual (\$25) _____ Family (\$30) _____

Membership Type: Athletes: Individuals who compete in triathlon.
Supporters: Individuals who assist with the administration and/or organization of events or the Association.
 (You may tick both boxes if applicable).

Gender
M/F

Last Name First Name D.O.B (d/m/y)

E-mail: _____

Membership Type: Athlete Supporter

M/F

Last Name First Name D.O.B (d/m/y)

E-mail: _____

Membership Type: Athlete Supporter

M/F

Last Name First Name D.O.B (d/m/y)

E-mail: _____

Membership Type: Athlete Supporter

M/F

Last Name First Name D.O.B (d/m/y)

E-mail: _____

Membership Type: Athlete Supporter

M/F

Last Name First Name D.O.B (d/m/y)

E-mail: _____

Membership Type: Athlete Supporter

Address: _____

Telephone: (h) _____

(w) _____

(cell) _____

I/We agree to abide by the Constitution and by-laws of the Bermuda Triathlon Association and the race rules and regulations as set forth by the BTA. Please see www.bta.bm for a complete set of the rules, Constitution and by-laws. One of these rules is participation without the use or substances identified in the "Bermuda Council for Drug Free Sport" list or the IOC "Banned and restricted Doping Classes and Methods" list.

Signed: _____

Signed: _____

(To be signed by parent or guardian if under 18 years)

Please make cheque payable to **Bermuda Triathlon Association** and return form with fee to **Bicycle Works, Sportseller, Winners Edge** or mail to the Association at:

Suite 547, 48 Par-la-ville Road, Hamilton, Bermuda, HM 11