



Membership Application Form

MEMBERSHIP TYPE

Please check one only.

Active Voting Member (must be 16 years or older)

Please circle one:

a.) Person with a physical disability- Please identify your disability.

b.) Immediate Family Member of a person with a physical disability.

c.) An athlete/participant of a ParaSport and Recreation PEI program.

d.) A coach/volunteer of a ParaSport and Recreation PEI program.

e.) A Board member.

Non-Voting Member

Associate Member (for non-profit organization and groups)

INDIVIDUAL APPLICANT INFORMATION

Last Name: _____ First Name: _____

Date of Birth: _____ Sex: Male Female

Mailing Address: _____

Phone #: _____

E-mail Address: _____

Program (if applicable): _____

Please Note: All Active Voting Members of ParaSport and Recreation PEI that are visually impaired/blind will also be registered with the Canadian Blind Sport Association.