



P.O. Box 302 | 40 Enman Crescent | Charlottetown, PE | C1A 7K7  
Phone (902) 368-4986 / Fax (902) 368-4548

## ORGANIZATION MEMBERSHIP FORM 2011-2012

Organization:  Minor Association  Club  League

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

President: \_\_\_\_\_ Email: \_\_\_\_\_  
*Name (Please Print)*

Tel (h): \_\_\_\_\_ Tel(w): \_\_\_\_\_ Tel(c): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Presidents signature required)*

Vice President: \_\_\_\_\_ Email: \_\_\_\_\_  
*Name (Please Print)*

Tel (h): \_\_\_\_\_ Tel(w): \_\_\_\_\_ Tel(c): \_\_\_\_\_

Secretary: \_\_\_\_\_ Email: \_\_\_\_\_  
*Name (Please Print)*

Tel (h): \_\_\_\_\_ Tel(w): \_\_\_\_\_ Tel(c): \_\_\_\_\_

Treasurer: \_\_\_\_\_ Email: \_\_\_\_\_  
*Name (Please Print)*

Tel (h): \_\_\_\_\_ Tel(w): \_\_\_\_\_ Tel(c): \_\_\_\_\_

\* Please use reverse for additional board member's information. Organization Membership Fee: \$100.

**For Office Use:**

Date Application Received: \_\_\_\_\_ Payment Received:

Approved  Not Approved Estimated number of participants: \_\_\_\_\_

Basketball PEI Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*