Bahamas Triathlon Association P.O.Box SS19304, Nassau, The Bahamas http://www.bahamastriathlon.org secretary@bahamastriathlon.org



Application for Athlete Membership 2021

Last Name		MI
Date of Birth (day/month/year)	/ Gender (M) / (F)
Telephone: Home	Cell	Work
Club	Guardian Name (if under 18) _	
Signature	Guardian Signature (if und	ler 18)
to 31st December. Any member wh	o allows his/her annual subscription	ceeding year which runs from 1 st January on to lapse for 3 months will be removed bership reinstated, subject to approval.
(1) Annual Membership; \$25		
(2) One time event membership	p: \$10	
Event Name:		
Event Date:		
I would like to get involved on a B'	ΓA Committee as indicated below	<i>'</i> :
Officiating Coaching New	sletter Membership Fund	Raising Marketing
FOR BTA USE ONLY – DO NOT		_
Application Received by		
Date		
Comments		
Check NumberBank _		
Application: Approved	Denied	
Membership Card Issued YesN		
Information entered in Computer Sv.	stem & Membership Book	