

***** **Return to:** *****

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BRAINERD LAKES CURLING ASSOCIATION
MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

HOME PHONE: () _____ CELL #: _____
e mail address _____

TYPE OF MEMBERSHIP:

____ PRIMARY MEMBERSHIP - \$150 ____ JUNIOR MEMBERSHIP - \$50

____ SUB - \$50 ____ TEAM MEMBERSHIP - \$600 ____ CLUB MEMBERSHIP - \$600

I would like BLCA to place me on a team ____ YES ____ NO

I am willing to skip for a new team ____ YES ____ NO

Curling experience: ____ *expert* ____ *some* ____ *never*

*****IF DUES NOT PAID BY NOV. 15TH, PLAYER WILL NOT BE ABLE TO PLAY.**

PAID? ____ YES ____ NO

EMERGENCY CONTACT INFORMATION:

NAME: _____

PHONE: _____ RELATIONSHIP: _____

I AGREE TO ABIDE BY THE RULES AND BYLAWS OF THE BRAINERD LAKES CURLING ASSOCIATION (BLCA).

DATE: _____ SIGNATURE: _____

****Make checks payable to Brainerd Curling League or BLCA
our website: www.brainerdcurling.org**