Active Member Application



Member Information						
First Name: Last Name:		Date (MM/DD/YYYY):				
Home Address:			☐ Male ☐ Female ☐ New Member ☐ Renewal			
City:	Postal Code:		Date of Birth (MM/DD/YYYY):			
Province:	Country:		Phone Number: Circle: Home/Cell			
Club Affiliation:			Email:			
Athlete (If you need a passbook, it will be picked up at your first MTO competition at a cost of \$20)						
Do you have an athlete	Yes Wins:			Demo/Smoker/Exhib:		
passbook?	□ les □ No	WITIS:		Demojsmokei	/ LAIIID.	
Have you attached the annual	Yes	Losses: Other E			uce.	
medical declaration?	☐ No	LUSSES.		Other Experies	Other Experience:	
Have you ever competed	Yes	Draws:		Competition V	Competition Weight (lbs):	
under professional contract?	□ No	Diaws.		Competition		
Official	(If you have not been certified, you will be notified of upcoming courses and seminars)					
Have you been certified by	Yes Experience Judging: Experience Refereeing:					
MTO in an Official's course?	No	Experience 3	auging.	Experience ne	rereeing.	
Coach (If you have not been certified, you will be notified of upcoming courses and seminars)						
Have you certified by MTO in	Yes Experience Coaching: Experience Cornering:					
a coaching course?	□ No			'		
Corner	_	<u>'</u>				
Payment \$40 CAD (*Note that a processing fee of 4% will be added for the use of a credit card) Cash/Email Money Transfer						
Cheque/Money Order, payable to Muay Thai Ontario Inc.						
Credit Card #:				Expiry (MM/YY):	Billing Postal Code:	
Name on Card:				CSC:		
Release and Waiver						
I, the undersigned, acknowledge that my membership requires that I understand and adhere to the rules, regulations and policies of Muay Thai Ontario (MTO). Failure to do so at all times will result in my suspension from events and/or the suspension or the cancellation of my membership.						
I give permission for my name and any image of myself, taken by officers/staff/volunteers of Muay Thai Ontario, to be used for promotions and publications of the organization in accordance with Muay Thai Ontario's Privacy Policy.						
I, the undersigned, warrant that the information above is true. I understand that providing false information on this form may result in the suspension or the cancellation of my membership without compensation.						
Member Name		Guardian Nam	e (If Under 18)		Coach Name	
Member Signature		Guardian	Signature	_	Coach Signature	
Would you like to receive on	aail nows about	Compati	tions [Officials Courses	Athlete Information	
Would you like to receive email news about Competition MTO's upcoming:			[[Coaching Courses	Training Seminars	
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