

Membership Application Form

Personal Information

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone Number: _____

Email Address: _____

Did your child play with WGMLA Last Season: YES ☐ NO ☐

What Role do you have with WGMLA: _____

Agreement

I, the undersigned, agree to abide by the rules and regulations set by the organization. I understand that my membership may be revoked if I fail to comply.

Signature: _____

Date (MM/DD/YYYY): _____

Thank you for your application. We will review it and contact you shortly.