



# JBST SOCCER ASSOCIATION

## Membership Application Form

**Yes!** I want to join  
**JBST SOCCER ASSOCIATION**

### Contact Information

Name:			
Address:			
City:		Postal Code:	
Phone:		Email:	
Cell:			
Date of Birth:		Age:	

### Membership Contribution

**JBST soccer Development Member**

Choosing this option help JBST work every day to build community soccer. You will join a dedicated group of members that JBST can count on every month.

MY MONTHLY DONATION OF:

\$50    \$30    \$20    \$10    \$5    Other \_\_\_\_\_

**1 Year Membership**

This membership is valid for 12 months, and must be renewed every year in order to maintain your privileges, like voting at our annual general meetings . While you can donate whatever you can afford, the suggested amount is \$25.

MY ONE-TIME DONATION OF:

\$500    \$200    \$100    \$50    \$20    Other \_\_\_\_\_

### Please complete below if your home address is not located in Vancouver ( Overseas )

Name	Address	
City	Country	Postal Code

### Optional

Years of playing & Coaching Soccer

Wants to Play:

**Method Of Payment:** Cash or Cheque

Cheque To:  
JBST Soccer Association

### Policy

The above signee is a member and agrees to comply with the Constitution,  
By-laws of JBST Soccer Association. This card is non-transferable and  
membership fees are not refundable.

Please return this form to  
**JBST SOCCER ASSOCIATION**  
218-55 West Broadway  
Vancouver, B.C. V5Y 1P1

### Declaration

By signing below, I agree that I endorse the purposes, as determined by constitution, by-laws and membership

**X**

Signature (required)

Date (MMM-DD-YYYY)