



Official Use Only: Joined _____ Member# _____

For Information Please Visit – <http://www.tmsa.net>

2008 MEMBERSHIP APPLICATION AND RENEWAL FORM	Please Print
---	-----------------

Name:	Date:
Address:	Home Phone:
City:	Business Phone:
Postal Code:	Email:

Were you a member last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If “no”, complete Box A . If “yes”, complete Box B .
---	--

Box A		
What type of Membership are you applying for? <input type="checkbox"/> Associate Membership <input type="checkbox"/> Family Membership		
If this is a Family Membership, please list the names of family member(s) and relationship to you:		
*** List Family Members Names – No Names, No Card! – Maximum 3 Family Members ***		
1:	2:	3:
Box B (NOTE: Life Members please see box at bottom of page)		
Current Membership No.	Current type of Membership:	
Memberships are Valid from Jan 1 st – Dec 31.		
Pro-rated Memberships for the next calendar year will only be processed <u>after</u> October 31.		
Example – To have a membership last until Dec 2009 you must purchase it after October 31 2008.		

All applicants complete the following: <input type="checkbox"/> PAL/POL # _____ Expiry Date: _____	***To Qualify for a CMPS Membership, you must have completed a IPSC Black Badge Course***
---	---

Membership Options: ** All members must pay basic membership PLUS any add-ons **				Total Paid: \$ _____ Paid By: Cash <input type="checkbox"/> Cheque <input type="checkbox"/>
<u>Charter/Associate</u> \$150	<u>Senior</u> \$75	<u>Family(add-on)</u> \$15 (Per / Person)(max3)	<u>CMPS(add-on)</u> \$35 (Per / Person)	
To maintain Charter &/or CMPS membership you must attend 2 work parties per year or equivalent				
** Early Bird renewal only \$125 if paid before December 31 2007**				
NEW MEMBERS for 2008 \$150. Plus a One (1) Time Initiation Fee of \$75. Total \$225.00				

Signature of Applicant:

Life Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	CMPS Membership <input type="checkbox"/> Yes (add \$35.00) <input type="checkbox"/> No
2008 Insurance Fee Payable \$10.00	Family Members (Names go In Box A) <input type="checkbox"/> Yes (add \$15 / Person) <input type="checkbox"/> No

Please complete this Application Form, include cheque payable to TMSA , and send to: TMSA, PO Box 16043, 617 Belmont Street, New Westminster, BC, V3M 6W6 <i>Questions about this application? Contact randy@teamdarkside.ca</i>
