



Membership Application

Name: _____

Date of Birth: _____ (17 or younger)

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____

Email Address: _____

We will be posting a list of member's names and addresses on our website. Your name and address will only be posted if you agree to it.

Check here if you agree to have your name and address on the Member's page.

Publicity Agreement

I hereby give permission to S.W.T.A. to use my name or a photo of myself in conjunction with a S.W.T.A. event being reported in magazines and in articles or reports of activities used on the radio or in newspapers, magazines, the S.W.T.A. website or other media which may be utilized by the S.W.T.A. for publicity or communication purposes. Cross out this entire paragraph if you do not wish to give permission.

Signature

Date