

CSPA Membership Application

300 Forced Road
Russell, Ontario
Canada K4R 1A1
Phone: 613-445-1881
Fax: 613-445-2698
email: Office@cspa.ca



Member Number
Membership Renewal Due Date

Visit our online membership renewal at <http://www.cspa.ca>

Please ensure all fields are filled in correctly, and/or make any changes as required to the fields below.
Mail or fax this application to the address above, in time to meet the Renewal Date above. *Please PRINT* clearly or membership will not be processed.

Choose: Regular Member: _____ Club Name _____ OR Member at Large

Last Name Middle Initial First Name

APT #
Address: _____

City Province Postal Code

Country Email Address

Home Phone Work Phone Cell Phone

Fax Gender: Male Female Preferred Language: English French

DOB (m / d / y) Jumps In Last 12 Months TotalJumps Type of AAD on Personal Equipment

Accumulated FreeFall Time Malfunction in last 12 Mths. Partial Malfunctions in 12 Mths. # and Type of Injuries

- Notes:**
- All Memberships are returned to you by mail and/or email.
 - All Membership privileges expire 12 months from the last day of the month during which this card is received, or from the date of previous membership expiry.
 - A fee of \$30.00 will apply to all NSF cheques.
 - No post-dated cheques accepted.

Please attach fee payment: Regular Member: \$85.00 OR Member at Large:\$97.00

Support your National Team! Add your voluntary contribution to your renewal fee:

Choose: ___CP ___FS ___CF ___S & A ___Artistic ___Team Fund \$ _____

Payment Method: Visa Mastercard Cheque Money Order Donation Tax Receipt Required: ___Yes ___No

Card Number: _____ Expiry: _____ (m/yr) Total \$ _____

Name On Card: _____

I agree to abide by the rules and recommendations of the Canadian Sport Parachute Association/ I also certify that my credit charge authorisation (if needed) is correct as shown.

Date Signature

4/01/08