

**CANADIAN MASTERS WEIGHTLIFTING**  
**Application for Membership 2010**

SURNAME

GIVEN NAME        MALE       FEMALE

STREET

CITY       PROVINCE

POSTAL CODE

TELEPHONE:

(RESIDENCE)                      (WORK)                      (CELL)

E-MAIL

DATE OF BIRTH:    DAY     MONTH     YEAR

STATUS       CANADIAN CITIZEN       LANDED IMMIGRANT

ATHLETE     COACH       OFFICIAL (INDICATE LEVEL )

I certify that I am a member in good standing with my provincial/territorial association and that I fully subscribe to all the laws, rules and regulations of the Canadian Masters Weightlifting, the Canadian Weightlifting Federation Haltérophilie Canadienne (CWFHC) and the International Weightlifting Federation (IWF).

SIGNED \_\_\_\_\_ DATE

**RETURN COMPLETED APPLICATION AND ANNUAL FEE (JAN.01 – DEC.31) OF \$40.00 TO:**  
(MAKE CHEQUE PAYABLE TO "CANADIAN MASTERS WEIGHTLIFTING")

CANADIAN MASTERS WEIGHTLIFTING  
C/O DRESDIN ARCHIBALD  
102, 2911 – 109TH STREET  
EDMONTON, AB.  
CANADA  
T6J 5C9

OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_  
MEMBERSHIP No. \_\_\_\_\_  
DATE ISSUED \_\_\_\_\_