



CWFHC

CANADIAN WEIGHTLIFTING
FEDERATION



HALTEROPHILIE
CANADIENNE



Application for Membership 2012

SURNAME

GIVEN NAME

MALE FEMALE

STREET

CITY

PROV

POSTAL CODE

TELEPHONE

(RESIDENCE)

(WORK)

(CELL)

E-MAIL

DATE OF BIRTH:

DAY

MONTH

YEAR

STATUS:

CANADIAN CITIZEN

LANDED IMMIGRANT

ROLE:

ATHLETE

COACH

OFFICIAL INDICATE LEVEL

I certify that I am a member in good standing of my Provincial/Territorial Weightlifting Association and that I fully subscribe to all of the laws, rules and regulations of the Canadian Weightlifting Federation Haltérophilie Canadienne (CWFHC), its Masters Committee (CWFHC-MC), the International Weightlifting Federation (IWF) and its Masters Committee (IWF-Masters).

SIGNED _____ DATE _____

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

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

OFFICE USE ONLY

DATE RECEIVED _____

MEMBERSHIP NO. _____

DATE ISSUED _____