

Niagara Falls Lightning Gymnastic Club

Membership Application Form

Instructions: Complete all required fields. Applications will be reviewed by the Board of Directors. Membership must be renewed annually.

Applicant Information

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Type of Membership (select one)

☐ Parent/Guardian of Non-Competitive Gymnast (Under 18)

Name of Gymnast: _____

☐ Non-Competitive Gymnast (18 or older)

☐ General Member (Supporter not otherwise affiliated)

*Note: Parents of competitive gymnasts and gymnasts 18+ in competitive programs are automatically members as long as they are in good standing. Employees are non-voting members.

Declaration

☐ I am 18 years of age or older.

☐ I support the mission and objectives of Niagara Falls Lightning Gymnastics Club.

☐ I agree to abide by the Club's Code of Ethics and By-laws.

☐ I am not currently under suspension by Gymnastics Ontario or any regulatory body.

☐ I understand that membership must be renewed annually.

☐ I acknowledge that voting is limited to one vote per family, and proxy voting is not permitted.

Membership Fee

Annual Membership Fee (as applicable): \$_____

Signature

Applicant's Signature: _____

Date: _____

For Office Use Only

☐ Application Received On: _____

☐ Reviewed By: _____

☐ Membership Approved ☐ Denied

☐ Added to Register on: _____