2010 MEMBERSHIP APPLICATION FOR:

*Leagues * Associations * Minor Softball Associations*

Name of Association or League:			**Zone:**
Contact Person:			
Address:			
City / Town:		**Postal Code:**	
Phone: (H)	**(W)**	**(C)**	
Email:			

We wish to affiliate with Softball Alberta and agree to abide by the Constitution and Bylaws of Softball Alberta and any of its Executive rulings.

Signing Officers: President: _____

Contact: _____

ASSOCIATION / LEAGUE FEE	$75.00		**= $75.00 +**
LEARN TO PLAY, COACH PITCH, T-BALL	$50 per team	x	=
MITE Teams	$75 per team	x	=
SQUIRT & PEEWEE Teams	$100 per team	x	=
BANTAM & MIDGET Teams	$100 per team	x	=
JUNIOR Teams	$100 per team	x	=
ADULT FP Affiliation (includes insurance)	$100 per team	x	=
ADULT FP ***Insurance Only***	$60 per team	x	=
ADULT SP Affiliation (includes insurance)	$75 per team	x	=
ADULT *SP* ***Insurance Only***	$60 per team	x	=
		TOTAL:	=

* Adult Insurance ONLY option REQUIRES paid League Affiliation & Team Roster Submission for coverage.

* Fee to upgrade to full Affiliation after May 15th :

	Adult FP	+ $50 per team
	Adult SP	+ $25 per team

RETURN FORMS TO: The District Organizer in your Zone or to:

Softball Alberta
9860 - 33 Avenue
Edmonton, AB
T6N 1C6

LEAGUE EXECUTIVE

Position:	Name:	Phone Number:	Email: