



PLONGEON QUÉBEC

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Montréal (Québec) H1V 3R2

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Web site : www.plongeon.qc.ca

AFFILIATION FORM 2010
(Please complete in block letters)

Last name _____ First name: _____ SEX: _____

Complete address: _____
(Required) (No.) (Street) (City) (Postal code)

Telephone: _____ Other telephone: _____

Date of birth: _____ **Social Assurance no.:** _____

(Required for all athletes identified Excellence, Elite, Relève)

Medicare no. : _____

(Required)

Email (required): _____
(your email will be use to send you Plongeon Québec's newsletter)

Name of club: _____

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Please check level of affiliation

- National diver 110 \$
- Provincial diver 34 \$
- Recreational (**NON ASSURED**) 0 \$
- Espoir diver 17 \$
- Recreational diver 9 \$

Coach 100 \$ Level _____ Instructor 34 \$

Provincial official 34 \$ Level _____ National official 67 \$

Individual member 27\$ Transfer 45 \$

Payment included: _____ \$ **(Only the highest cost is applicable)** Include any penalties

Member signature: _____ Date: _____

(Required for instructors, coaches, officials and individual members)
I, undersigned, authorize the organization to request verification of my background. Yes No

Parents (or tutor(s)) acknowledge the risk associated with the practice of diving (applicable for athletes under 18 years old).

Signature of parent: _____ Date: _____
(or tutor)

All forms must be return to Plongeon Québec before 5th October 2009.