



ASSOCIATE MEMBER APPLICATION

Date _____

Name _____

Business/Organization Name _____

Mailing Address _____
Street City postal code

Phone _____ Fax _____

Email _____ Website _____

Services You Provide _____

Mail, email or drop off your completed application to:

Kamloops Sports Council
1550 Island Parkway
Kamloops, BC
V2B 7K6

Phone: 250-828-3822 Fax: 250-828-3599
Email: info@kamloopssportscouncil.com

Enclosed is the \$20.00 Membership Fee (cash / cheque / PayPal)