CENTRAL ALBERTA CRICKET ASSOCIATION

MEMBERSHIP APPLICATION

Family/Last Name	First Name	Middle Initials		
Address	City	Province	Postal Code	
Telephone (Home)	Telephone (Mobile)	Date of Birth (MM/YY)		
		Batsman / Bowler / Keeper /All-rounder		
Emergency Contact	nergency Contact		Cricketing Preferences	
or CACA Administrative Us	se Only			
	Membership Fee	es &		
	Payment Inform	ation		
ayment Date:	_ Amount Paid: \$	Cheque Cash] E-Transfer	
eceipt No:				

Member's Agreement:

I hereby agree to abide by the policies, Code of Conduct and all governing documents of Central Alberta Cricket Association (CACA) and CACA management. I will refrain from any form of discrimination, Illegal & unethical conduct and harassment while participating in practice, coaching & matches organized by CACA. I understand that if I engage in such a conduct, my membership with CACA will be revoked. By submitting my personal information to CACA, I also agree that my information will be accessed and used by other cricketing organizations who get engaged with CACA for the purpose of administration, identification, matches and cricketing events.

Applicant's Name (*Please Print*)

Applicant's Signature

Date

Your personal information is protected by Alberta's Freedom of Information and Protection and Privacy Act and can be reviewed on request. If you have any questions or concerns, regarding the collection & use of information and membership fees, please contact CACA management.