



Alexandria, Minnesota

Membership Form 2019-2020

Personal Information (Please print)

<input type="checkbox"/> Returning Member	<input type="checkbox"/> New Member	<input type="checkbox"/> Non-primary Club Membership
First & Last Name:		Mobile Phone:
Address/City/State/Zip:		
Email:	Date of Birth: <small>(mm/dd/yy)</small>	
Membership & League Fees		
Membership (select one)		Fees
<input type="checkbox"/> Full Wednesday Night League Individual [1] <i>*((\$225 if paid on or before Nov. 27, 2019)</i>		\$250 _____
<input type="checkbox"/> Alternate [1]		\$70 _____
<input type="checkbox"/> Guest Ice Fee (nonvoting) - \$10/night		\$10 _____
[1] Includes USCA/MCA dues, ins. & voting rights at Vikingland Curling Club (MCA - Minnesota Curling Association, USCA - United States Curling Association)		
Voluntary Contribution		
If you or your company would like to help sponsor the Vikingland Curling Club and help to pay for its many expenses, such as rock purchase or ice time, please consider a donation. Your donation is tax deductible as the Vikingland Curling Club is a 501(c)3 charitable organization. *Sponsorships also available.		\$ <input style="width: 100px;" type="text"/>
TOTAL – Membership, League and Voluntary Contribution		\$ <input style="width: 100px;" type="text"/>

Curling Experience: New Number of years: _____

Team Info: Need a team. Preferred position: Lead Second Third Skip Alternate
(If I'm an Alternate, I understand I may not be called upon to play every week)

My formed team. Team name: _____ Skip Name: _____
Each team must have four members who pay full membership & league fees. Additional team members on a team, even if they only play periodically, must pay an Alternate fee.

Volunteer Information: Please select your interests or talents. Thank you!

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|---|---|
| <input type="checkbox"/> Ice Prep or Club Maintenance | <input type="checkbox"/> League, Bonspiel, Event Helper |
| <input type="checkbox"/> Education/Instruction (Adult, Youth) | <input type="checkbox"/> Fundraising (Facility Campaign, other) |
| <input type="checkbox"/> Marketing or Communications | <input type="checkbox"/> Governance |
| <input type="checkbox"/> Social Network, Website, Technology | <input type="checkbox"/> Finance and Capital Support |
| <input type="checkbox"/> Media Coordinator, Writer | <input type="checkbox"/> other _____ |

Emergency Contact Information:

Contact Name:	Contact Relationship:
Contact Phone:	Alternate Phone:

Please review and sign reverse side of this form

Assumption of risk/release of liability agreement. *I understand and agree that there is a risk of injury when participating in any physical activity. I release the Vikingland Curling Club from all liability arising from injury and/or damage or theft of my personal property.*

Communications: *To reduce our imprint on the environment and to save money on printing and postage costs, most club information including newsletters will be sent through email or posted on our website www.vikinglandcurling.org . If you don't have internet access, please have team members that do have access keep you informed.*

Privacy Policy: *Vikingland Curling Club will only provide the USCA your contact information and will not share your name, postal address, e-mail address, phone number, or any other information with anyone – EVER! We dislike spam, junk mail and telemarketers too! If you have any questions, please feel free to contact us.*

Signature: _____ Date: _____

Please hand-deliver this application, with your check, made payable to Vikingland Curling, to the club treasurer.... Or mail to: **Vikingland Curling Club, 1118 Broadway, Alexandria, MN 56308** or email to: info@vikinglandcurling.org.