CROSS COUNTRY SKI ASSOCIATION OF MANITOBA
MEMBERSHIP LIST

Only individuals listed on the club membership list are covered by the Cross Country Canada Liability Insurance.

CLUB NAME: _____

DATE SUBMITTED: _____ FEES SUBMITTED: _____ FAMILIES ($17/family) INDIVIDUALS ($9/individual)

MEMBER'S NAME	Coach	Official	Gender	DATE or YEAR of BIRTH*	MAILING ADDRESS**: Including postal code	E-MAIL ADDRESS &/or PHONE #

Please indicate if the member is an active coach and/or official in the applicable column. If known, indicate the NCCP/NOCP level.

* Members' age is used for annual demographics report required by our funding partners. Feel free to declare year of birth only or an age "guestimate".

** Please list all family members under the same mailing address.