

Please complete a **separate membership form for each member.**

For payments made for multiple family members, staple all forms together to ensure proper membership fees have been paid.

Please print clearly to ensure you receive club information throughout the season. **The Powassan Curling Club communicates to its members by e-mail.**

Member Name		
Residential Mailing Address		
Town/City	Postal Code	Telephone
E-mail address (print clearly) If you do not have an e-mail address enter NIL so we know we are not missing information.		

OUR VOLUNTEERS ARE APPRECIATED & NECESSARY

Powassan Curling Club is able to offer great value to its membership by relying on its members to help with all aspects of its operation. Let us know how **you can help this season** by checking the corresponding box where we require volunteers, or let us know how you can help in other areas.

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|--|---|--|
| ☐ Serve as a Club Director | ☐ Ice-Maintenance | ☐ Finance |
| ☐ Bar Server (with SmartServe) | ☐ Club Cleaning | ☐ Fund Raising |
| ☐ Junior Program assistant | ☐ Club Maintenance | ☐ Grant Writing |
| ☐ Bonspiels & Event Planning | ☐ Curling Clinics | ☐ Other |
| ☐ Communications & Social Media | ☐ Club Rentals | |

Payment of Fees Check the league(s) you plan on joining and enter the appropriate fee below

Student Age 16 - 18 ☐ ☐ ☐ ☐ ☐ ☐ Ladies' Mon Mixed Tues Mixed Wed Men's Thurs Friday Social Doubles Saturday Monthly Pay \$130: eligible for 4 leagues	Little Rocks Age 6 - 9 ☐ Juniors Age 10-15 ☐ Pay \$100	Adult Age 18+ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Stick Mon Ladies' Mon Day Curler Tues Mixed Tues Mixed Wed Men's Thurs Friday Social Doubles Saturday Monthly Pay \$250: eligible for 6 leagues
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Complete and sign this form and provide it with your payment to Powassan Curling Club

2026/27 Membership Fee Paid \$

Please check the box that indicates payment method used

☐ **Cheques:** make payable to: Powassan Curling Club, B-433 Main Street, Powassan ON P0H 1Z0

☐ **E-Transfer:** treasurer@powassancurlingclub.ca
Type your **Full Name** & word '**FEES**' in Subject Line

☐ **Cash accepted** (in person). Please ensure a receipt is received. Do **NOT** send cash by mail.

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Member Signature (or Signature of guardian for persons under 16) **Date**

I understand that as a member, there are inherent risks involved in the sport of curling. I agree to participate at a level appropriate to my skills to ensure my safety and the safety of others. I accept full responsibility for my (or my child's) safety and understand the benefit of wearing proper safety equipment to help prevent injury, including head protection and proper curling shoes. I release the Powassan Curling Club, its members, agents, volunteers, or any persons connected with the club from all liability for any injuries or damages whatsoever arising from my participation in, or my presence at the club.

If you are making a Donation enter the amount **separately** here

2026/27 Donation
\$

Locker *no charge this season*

☐ Please assign me a locker ☐ I have a locker

Limited number of lockers available

Publicity:

To promote and grow the Powassan Curling Club, a member's image may be used in print, video, on our club web-site, Facebook, Instagram, or other social media or mediums. If you do not wish your image to be used in this manner, please check the box below.

☐ **I do not permit** my image to be used for club publicity.