



CAGG Federation Club Membership Registration Form

CLUB INFORMATION

COMPETITION YEAR

Official name of the Club/School:
Club mailing address:
Club email:
President /owner of Club/School:
Contact person/Coaches name:
Telephone of the contact person:
Number of the members/gymnasts in the Club/School:
Short description/competition activity of the Club/School (please enclose appendix if needed): Children's categories: <input type="checkbox"/> 6-8 years <input type="checkbox"/> 8-10 years <input type="checkbox"/> 10-12 years <input type="checkbox"/> 12-14 years <input type="checkbox"/> 14-16years <input type="checkbox"/> 16+
Interest level: <input type="checkbox"/> recreation <input type="checkbox"/> competitive <input type="checkbox"/> performance <input type="checkbox"/> local competitions <input type="checkbox"/> national competitions <input type="checkbox"/> international competitions
Club Authorization (Club name) _____ confirms that we have received <u>written permission from parents of AGG gymnasts (under 18 years) and gymnasts 18 years and older</u> , to use their photos taken during training and competitions to be posted on the Canadian Aesthetic Group Gymnastics(CAGG) Federation social media sites. _____ Club owner signature _____ Date (MMM/DD/YYYY)

PAYMENT INFORMATION

<input type="checkbox"/> A membership \$350	<input type="checkbox"/> B membership \$ 180	<input type="checkbox"/> C membership \$50
<input type="checkbox"/> Etransfer: : caggca@gmail.com (preferred)		
<input type="checkbox"/> Cheque : 361 Four Valley Drive, Unit 3 Concord, L4K 5Z3 <input type="checkbox"/> enclosed <input type="checkbox"/> by mail		
<input type="checkbox"/> Wire transfer: TD Canada Trust, 7967 Yonge Street, Thornhill, ON, L3T 2C4 /0316 (Transit #) 5237361 / (Account #) / SWIFT: TDOMCATTOR / ABA: 026009593		
A membership: Club can compete at International competitions ; as judges, coaches, gymnasts. Allowed 5 votes (AGM)		
B membership: Club competes at Local competitions ONLY . Allowed 1 vote (AGM)		
C membership: Individual memberships, new gymnastic clubs/dance studios introduction to AGG. No votes		

OFFICE USE ONLY :

Date received: (DDD/MM/YYYY) _____	Payment received: Date: (MMM/DD/YYYY) _____
Application: <input type="checkbox"/> Approved Date: (MM/DD/YY) _____	<input type="checkbox"/> Not approved Date: (MM/DD/YY) _____
Approved: <input type="checkbox"/> A member <input type="checkbox"/> B member <input type="checkbox"/> C member	
_____ President/Vice-President of CAGG Canadian Aesthetic Group Gymnastics Federation	
_____ Date signed: MMM / DD / YYYY	

To unsubscribe to CAGG Federation email distribution, please email : caggca@gmail.com to be removed.