

CSPA Affiliation Application

204 - 1468 Laurier Street
Rockland, ON
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Fax. (613) 916-6008
email: Office@cspa.ca



CSPA Number: _____

Affiliation Renewal Due Date: _____

Visit our online affiliation renewal at <http://www.cspa.ca>

Please ensure all fields are filled in correctly, and/or make any changes as required to the fields below.
Mail or fax this application to the address above, in time to meet the Renewal Date above. **Please PRINT clearly**
or affiliation will not be processed.

Regular Affiliation: _____
DZ / PSO / Club Name

Last Name Middle Initial First Name

APT # _____
Address: _____

City Province Postal Code

Country Email Address

Home Phone Work Phone Cell Phone

Fax _____ Gender: Male Female Preferred Language: English French

DOB (m / d / y) Jumps In Last 12 Months TotalJumps Type of AAD on Personal Equipment

Acc.FreeFall Time h/m/s Malfunction in last 12 Mths. Partial Malfunctions in 12 Mths. # and Type of Injuries

Notes:

- All affiliations are returned to you by mail and/or email.
- All affiliation privileges expire 12 months from when this form is received by the National Office or from the date of previous affiliation expiry if not yet expired.
- A fee of \$30.00 will apply to all NSF cheques.
- No post-dated cheques accepted.

Please attach fee payment: Registered Participant - \$94.00

Support your National Team! Add your voluntary contribution to your renewal fee:

Choose: CP FS CF S & A Artistic Wingsuit Team Fund \$ _____

Payment Method: Visa Mastercard Cheque Money Order

Card Number: _____ Expiry: _____ (m/yr)

Name On Card: _____ Total \$ _____

As a Registered Participant, I consent to receive communications from CSPA that are relevant to my affiliation, including electronic commercial messages, newsletters, reminders and updates.

Initial Here

I agree to abide by the rules and recommendations of the Canadian Sport Parachuting Association / I also certify that my credit charge authorisation (if needed) is correct as shown.

Date

Signature

2019