



CLUB MEMBERSHIP APPLICATION 2024 - 2025

Club Name: _____

Facility Used: _____

Address: _____

Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Website: _____

Membership Fee or Fee/Day: _____

Days and Hours of Play: _____

Type of Surface: (Manufacturer, Model, Speed etc.)

Please describe: _____

Number of Mats in Use: _____ Number of Members _____

Contact Name #1 _____ Position _____

Telephone: _____ Email: _____

Contact Name #2 _____ Position _____

Telephone: _____ Email: _____

2024-2025 Membership Fee: \$50.00 _____

Payable by cheque to: CSMBA or e-transfer to canadianshortmat@gmail.com

CSMBA Metallic Pins: \$6.00 x # = _____ (Optional)

*Applications to be sent to: Dave Burrows, CSMBA President,
657 Vanderburgh Drive, Burlington, Ontario L7T 3W5*
