



Baseball B.C.
 APRIL 1st to MARCH 31st

**ASSOCIATE MEMBERSHIP
 ACCIDENT & LIABILITY
 INSURANCE APPLICATION**

Purchase of insurance MUST be authorized by an executive of your league/association:

Date Completed: _____ Season (Year) Applying for: _____

League/Association/Team/Clinic: _____

Person Applying: _____

Title: _____

Address: _____

City: _____ Postal Code: _____

Email: _____

Phone: (R) _____ (B) _____ (F) _____

Signature: _____

We wish accident & liability insurance and enclose:

PREMIUM: _____ (# of Members) X \$ **5.00** = \$ _____ **.00 (TOTAL)**

If not already displayed on the Baseball BC Certificate, please add the following as additional insured (e.g. municipalities, government dept., facility, etc.):

Retain a copy for your records...

E-mail or return this signed form along with the member registration information to
scottm@baseball.bc.ca

Then please send payment cheque to:

BASEBALL B.C. – MEMBERSHIP APPLICATION
 #310 – 15225 104th Ave.
 Surrey, B.C. V3R 6Y8
 Tel: (604) 586-3310 Fax: (604) 586-3311

FOR OFFICE USE ONLY:

Date received: _____ Amount: _____ BCABA: _____