



# Brampton Tamil Association

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P.O Box 80024 - Cottrelle Blvd, Brampton, ON, L6P 2W7

<b>Membership Number:</b>
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## BTA Membership Form

1. First Name: ..... Last Name: .....
2. Address: .....
3. Telephone number: Home: ..... Cell: .....
4. E-mail Address: .....
5. Spouse Information: First Name: ..... Last Name: .....
6. Family members (Children and other family members):

First Name	Last Name	Gender	DOB

By participating in the Brampton Tamil Association's performances and activities, I waive and release any and all claims for myself, heirs, executors and administrators against the Brampton Tamil Association. Inclusive off all sponsors, officials and organizers of the performances and activities for injury, illness or fatal injury which may directly or indirectly result from my or my children's participation in the performances and activities. I shall permit the free use of mine and/or my children's name(s) and picture in publicity resulting from the performances and activities. I am (my children's are) physically fit to participate in the performances and activities. All the information is confidential the use of BTA only.

Signature of applicant:		Date:		
<b>Office Use Only:</b>				
<b>Type of Membership</b>	<b>Life (\$150)</b>		<b>Annual (\$20)</b>	
*Payment Received By:	Cheque #:		Date:	
Life (\$150)	2019	2020	2021	2022

\*Payment by cheque is recommended \*Please write your cheque in favour of "Brampton Tamil Association"