



# Minnesota Curling Association

## APPLICATION FOR MEMBERSHIP

Name of Applying Curling Club Organization:

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Website \_\_\_\_\_

Number of Members \_\_\_\_\_

Applying Club's Leadership / Officers (Title)

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

In application, the above named curling club by its leadership and members, agrees to abide by the Minnesota Curling Association by-laws and regulations, and to actively participate in MCA events and affairs.

Minnesota Curling Association membership shall be considered without regard to individuals' race, color, religion, age, gender, sexual orientation, or national origin.

Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_