

**STAC MEMBER REGISTRATION FORM**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Group/Club Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Do you want an [@takrawcanada.com](mailto:stac@takrawcanada.com) address?

Yes       No

If yes, what name would you like?

\_\_\_\_\_

<b>Membership Type</b>	<b>Cost</b>	<b>Free Balls</b>	<b>Free Medals</b>	<b>Insurance</b>
Individual	---	---	---	---
School	---	---	---	---
Team	\$60/yr.	1	---	---
Club Level 1	\$200/yr.	3	9	---
Club Level 2	\$400/yr.	5	12	yes

**Teams/Clubs:** Please indicate how many of which ball you prefer:

\_\_\_ JHS/women's tournament ball (NP300T)

\_\_\_ HS boy's tournament ball (NP W401)

\_\_\_ Men's tournament ball (NP W501)

**Total Payment:** \_\_\_\_\_

Cheque  Money Order

**Please send registration/payment to:**

Sepak Takraw Association of Canada

1940 McIntyre Street

Regina, SK S4P 2R3

Phone/Fax: (306) 584-8778

Email: [stac@takrawcanada.ca](mailto:stac@takrawcanada.ca)