



Western Canada Motorsport Association

Box 76002, RPO Southgate, Edmonton, Alberta T6H 5Y7

Website: www.wcma.ca

AFFILIATION APPLICATION

Name of Organization _____

(Must be incorporated under Provincial or Federal law.)

E-Mail Address _____

Address _____

City _____ Province _____

Postal Code _____ Telephone _____

Fax Number _____ Estimated Number of Members _____

By our affiliation with WCMA, we hereby agree to be bound by its Articles of Association and the competition rules of the Federation Internationale de l'Automobile, ASN Canada FIA Inc. and Western Canada Motorsport Association.

Dated this _____ day of _____, A.D., 20_____, and signed by a duly authorized officer or director.

Title

Signature

Please provide the following documentation with your application

1. Copy of your club's Incorporation Certificate
2. Copy of your club's By-Laws
3. Copy of your current Corporate Registry documentation
4. Cheque in the amount of \$105.00 payable to WCMA (GST R13037757)

Names, Addresses & Telephone Numbers of Directors and Officers:

PRESIDENT _____
Address _____
Postal Code _____ Home Phone _____
Work Phone _____ Fax Phone _____
E-Mail Address _____

VICE PRESIDENT _____
Address _____
Postal Code _____ Home Phone _____
Work Phone _____ Fax Phone _____
E-Mail Address _____

SECRETARY _____
Address _____
Postal Code _____ Home Phone _____
Work Phone _____ Fax Phone _____
E-Mail Address _____

TREASURER _____
Address _____
Postal Code _____ Home Phone _____
Work Phone _____ Fax Phone _____
E-Mail Address _____

DIRECTOR - DISCIPLINE _____

Address _____

Postal Code _____ Home Phone _____

Work Phone _____ Fax Phone _____

E-Mail Address _____

DIRECTOR - DISCIPLINE _____

Address _____

Postal Code _____ Home Phone _____

Work Phone _____ Fax Phone _____

E-Mail Address _____

DIRECTOR - DISCIPLINE _____

Address _____

Work Phone _____ Fax Phone _____

E-Mail Address _____

DIRECTOR - DISCIPLINE _____

Address _____

Postal Code _____ Home Phone _____

Work Phone _____ Fax Phone _____

DIRECTOR - DISCIPLINE _____

Address _____

Postal Code _____ Home Phone _____

Work Phone _____ Fax Phone _____

E-Mail Address dress _____