

SOCIETY OF TILT AND LANCE CAVALRY INTL.

210083 – 274 Ave W Foothills, Alberta, Canada T1S 3C1 Tel. (403) 660-0826 Website: www.joust.ca Non-profit registration # 5018291111

MEMBERSHIP APPLICATION FORM

Name:		
Address:		
City:	Province:	Postal Code:
Contact Phone:Birthday:		Birthday:
Email:	AEF Number:	
Related groups I belo	ong to: (SCA, MASC, etc)	
Membership Applied	for:	
		ers wishing to participate in mounted games. e rider's immediate family, if requested.
☐ I wish to apply for a	Rider membership.	
Family members inc	luded in my fee	
Name		Age
Name		Age
Name		Age
Fee is \$10.00 - Support perso	 Squires & Other Support Per onnel, includes all non-mounted Ground Crew membership. hip fees can be e-transferred 	d positions such as squires, pages, grooms, etc.
(S.T.A.L.C.) can be dangeroundividual members from any promise to obey the Bylaws as member of the Society of Toy a vote of 50% +1 of the many membership fee. I have reapplication.	is. I have voluntarily applied fo legal liability related to my men is well as any rules set forth by ilt and Lance Cavalry. I unders embership. Under these circun ead and understand these cond	in by the Society of Tilt and Lance Cavalry Intl. or membership and I hereby release S.T.A.L.C. and its mbership or activities I choose to participate in. I y any tournament or other event I may participate in as stand that my membership may be revoked at any time enstances, I can request to receive a pro-rated refund of ditions. I have enclosed my membership fee with my
nave read and understand	these conditions. I have end	closed my membership fee with my application.
Signature:		Date:

_Date:___

Parent / Guardian Signature (if under 18 yrs.)