

# KAMLOOPS SPORTS COUNCIL **ASSOCIATE MEMBER APPLICATION**



Name \_\_\_\_\_

Business / Organization Name \_\_\_\_\_

Address \_\_\_\_\_  
street city postal code

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Services You Provide \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Mail, email or drop off your completed application to:

Kamloops Sports Council  
262 Lorne Street  
Kamloops BC V2C 1W1

Ph: 250-828-3822 Fax: 250-828-3599  
Email: [kamloopssportscouncil@gmail.com](mailto:kamloopssportscouncil@gmail.com)

Enclosed is the \$20.00 Membership Fee (cash / cheque)