

**APPLICATION FOR AFFILIATION WITH BOXING SASKATCHEWAN INC.**

Name of Club: Date:

Club Address:

Mailing Address:

City: Postal Code:

Phone Number: Fax Number:

Email Address: Website:

Hereby make formal application for membership in Boxing Saskatchewan Inc. and consequently in Boxing Canada. We agree, upon being granted membership, to abide by the rules and regulations of Boxing Saskatchewan Inc., to follow and to enforce the Articles of its Constitution. We will abide by The Code of Ethics and enforce all decisions of Boxing Saskatchewan Inc. and do our utmost to foster the development of Amateur Boxing with the province, to raise and maintain the image of Amateur Boxing within the province.

SIGNATURE OF CLUB PRESIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAMES AND ADDRESSES OF OFFICIERS:**

President:

Vice President:

Secretary:

Treasurer:

ANNUAL FEE $

|  |  |  |  |
| --- | --- | --- | --- |
|  | Boxers | Coaches | Officials |
| Number of Registered Members |  |  |  |
| Number of Unregistered Members |  |  |  |

**(For Office Use Only)**

Application Approved:

Date:

Signature of President: