

ORIENTEERING NEW BRUNSWICK MAIL-IN MEMBERSHIP APPLICATION

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| When complete, mail to: Orienteering New Brunswick c/o Robert Hughes – Secretary 69 Kingsclear Drive Upper Kingsclear, New Brunswick E3E 1R6 | Note: Membership in ONB may be obtained by attending any ONB organised event. Use this form for joining ONB if you wish to become or remain a member but will not be taking part in any events. |
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| Member information | | | | |
|--------------------|-----------|-------------------------------|-----------------|-------|
| First name | Last name | Date of Birth (DD/MM/YYYY) | Gender (M/F) | Email |
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| Membership type | How many? | x | = Total |
|-----------------|-----------|-----------------------------------|---------|
| | | ADULT (\$15 each) ¹ | \$ |
| | | JUNIOR (\$10 each) ² | \$ |
| | | FAMILY max (\$50) ³ | \$ |
| | | GROUP (\$50 minimum) ⁴ | \$ |
| | | TOTAL | \$ |

Notes

¹ADULT: Over 20 years of age at Dec 31 of current year

²JUNIOR: Less than 20 years of age at Dec 31 of current year

³FAMILY: Include details of all family members

⁴GROUP: \$50 minimum fee, plus \$1 each for additional members, if more than 50. Details of ALL members must be provided to ONB, including full names, address, date of birth, and gender.

Please make cheques payable to "Orienteering New Brunswick"

General Release

I, the applicant, on behalf of myself, members of my family, or all members of the group represented, hereby waive all responsibility from the O.N.B. and/or their associated clubs and agents, and any or all persons who own or occupy the lands for any loss of property or personal injury that may incur during participation in any O.N.B. sanctioned event.

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| Signature: | Date: |
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