



Senior Field Membership Renewal Application Form

Date: _____ Application for: Men's Field Women's Field

Name of Organization: _____

Contact Name: _____

Phone: (H) () _____ (B) () _____ (C) () _____

E-Mail: _____ Fax: () _____

Address: _____

City: _____ Postal Code: _____

Renew member for the 2017-18 BC Lacrosse Association season.

The following information will be submitted by January 1, 2018.

Arena/Field Name: _____

Approved Boundaries: _____

The Association's Annual General Meeting is held during the month of _____

Board/Committee Contact List

Position	Name
President	_____
Vice-President	_____
Secretary	_____
Treasurer	_____
Coaching Co-ordinator	_____
Head Referee	_____
_____	_____
_____	_____

The following documents are included (if changes were made since last submission):

- _____ *Constitution and By-Laws*
- _____ *Contact List with Names, Addresses, Phone Numbers and E-Mail Addresses of Executive and Committee Members*

Please submit to:

B.C. Lacrosse Association, #101 - 7382 Winston Street, Burnaby V5A 2G9 (604) 421-9755
E-Mail: *deb@bclacrosse.com* FAX: (604) 421-9775