



ANNEX 'F'

**Canadian Volkssport Federation
La Fédération Canadienne Volkssport
P O Box 2668, Station 'D', Ottawa, ON K1P 5W7
C P 2668 Succursale 'D', Ottawa, ON K1P 5W7**



Application For Regular Club Membership

Application :

We, the undersigned members of the Board of Directors, acting on behalf of the

 (Full Name of Volkssport Club)

 (Club Mailing Address)

 (Postal Code)

hereby apply for Regular Club Membership in the Canadian Volkssport Federation / La Fédération Canadienne Volkssport.

Declaration :

We declare that, through the attached Constitution, to the best of our ability will support and promote the goals and purposes of the Federation and any respective Regional Volkssport Association ; and furthermore, we undertake to conduct all volkssport events and related affairs in accordance with all applicable By-Laws, Rules and Regulations of the CVF/FCV, and any Regional Volkssport Association and other jurisdictional authorities.

Acknowledgement :

We acknowledge that the Initial Annual Membership Fee includes the Sanction Fee for our First Event (Volksmarch or Guided Walk) only and that this event must be held within 12 months of membership approval. We further acknowledge that this first event sanction fee may be used as credit towards a Year Round / Seasonal Event sanction fee as per item (12) of the Directions to Event Sanction Application Form.

Enclosures :

- (1) Three copies of this Application for Membership.
- (2) Sufficient payment in Canadian funds to cover the following fees :

- | | |
|------------------------------------------------------------------------|----------------|
| a) CVF / FCV admission | \$100.00 |
| b) Initial CVF/ FCV Annual Membership (including First Event) | \$ 50.00 |
| | Total \$150.00 |
| c) A Copy of the Club Constituion | |
| d) An Application for Event Sanction form for first event | |
| e) A list of the Directors' Names, Addresses, phone / e-mail addresses | |

Signatures :

Signed at : _____ on : _____
 (Place/ Province) (Date)

President : _____ Signature : _____
 (Print Name and initials)

Director : _____ Signature : _____
 (Print Name and initials)

Director : _____ Signature : _____
 (Print Name and initials)

(Please forward in TRIPLICATE)