

Bahamas Triathlon Association

P.O.Box SS19304, Nassau, The Bahamas

<http://www.bahamastriathlon.org>

secretary@bahamastriathlon.org



Application for Membership 2025

Section 1 – Personal Information

Last Name _____ First Name _____ MI _____

Email address _____

Mailing & Residential Address: P.O. Box _____ Street _____

City/Town _____ Island & Country _____

Date of Birth (day/month/year) ____/____/____ Gender (M) / (F)

Telephone: Home _____ Cell _____ Work _____

Club _____ Guardian Name (if under 18) _____

Signature _____ Guardian Signature (if under 18) _____

Annual Subscription:

Annual membership subscriptions are due in January for the year which runs from 1st January to 31st December. Any member who allows his/her annual subscription to lapse for 3 months will be removed from the list of members of BTA and must reapply to have their membership reinstated, subject to approval.

(1) Annual Membership; \$25

(2) One time event membership: \$10

Event Name: _____

Event Date: _____

I would like to get involved on a BTA Committee as indicated below:

Officiating___ Coaching___ Newsletter___ Membership___ Fund Raising___ Marketing___

FOR BTA USE ONLY – DO NOT COMPLETE ANY INFORMATION BELOW THIS POINT

Application Received by _____

Date _____

Comments _____

Check Number _____ Bank _____

Application: Approved _____ Denied _____

Membership Card Issued Yes___ No___

Information entered in Computer System & Membership Book _____