



SPORT ALLIANCE OF ONTARIO APPLICATION FOR MEMBERSHIP

Please complete the following information and return by mail, fax or email to the information at the bottom of the form.

Name of Organization: _____

Name of Applicant: _____

Title of Applicant: _____

Mailing Address: _____

City: _____ Postal Code: _____

E-mail Address: _____ Phone: _____

Fax: _____ Website: _____

Please indicate the type of Membership you are applying for:

Sport and Recreation
Authorities

PSOs/MSOs

Individual

Affiliate

Signed by: _____ Dated: _____

Send the application to: Sport Alliance of Ontario Attn: Jennifer Joseph
3 Concorde Gate, suite 313
Toronto, Ontario
M3C 3N7
Fax: 416-426-7073
Email: jjoseph@sportalliance.com