



YAA Individual Membership Application Form

Annual membership costs \$10 and expires on March 31

Name: _____

Mailing Address: _____

City/Province: _____ Postal Code: _____

Phone: _____ Email: _____

- I grant the YAA permission to communicate with me directly via email.

Fee: \$10 __Cash / __Cheque

Year: April 20__ - March 20__

Member Signature: _____ Date: _____

If Member is under 18 years old:

Parent/legal guardian signature: _____

Name of Parent/legal guardian (please print): _____

Mail or drop off your completed form with payment to:

Yukon Avalanche Association
c/o Sport Yukon
4061 – 4th Avenue
Whitehorse, YT Y1A 1H1

Thank you for supporting the Yukon Avalanche Association