

Membership Application Form (revised January 2021)

A generic team e-mail address is requested: this ensures contact is maintained between a member team and the IBCPC when team officers change. Each team is responsible for ensuring its contact information with the IBCPC is up to date – see By-Law # 4 IBCPC Constitution and By-laws at www.ibcpc.com under documents

All team members: paddlers, drummers and steers participating in IBCPC Festivals must be breast cancer survivors.

If you have questions about the form, please contact membership@ibcpc.com

Please print clearly if you are not typing this form.

Applicant Information						
Team Name:						
Team Website (if applicable):						
Team Email (generic):						
Team Email:						
Team Address:						
City/Town:	State/Province:	F	Post/Zip Code:			
Country:						
Contact Information						
Team Captain Name:						
Team Captain Email:			Phone:			
Team Manager Name:						
Team Manager Email:			Phone:			
Team Information						
Please provide the following information in relation to your team.						
What year did your team begin?			ers do			

How many members fall into each of the following categories?					
BC Paddlers	Steers people (Sweep)	Drummers			
Does your team do community events to raise awareness about exercise and breast cancer? Please briefly describe:					
Please tell us anything special you would like to share about your team:					
Any messages for the IBCPC?					
Signed By: (Pape	er Copy only)	Print Name:	Print Name:		
Position with Tea	ım:	Date:			
Email:					

Please complete an electronic version of the form and email to: membership@ibcpc.com.

You may also mail your application form to IBCPC, PO Box 319, Christchurch 8140, New Zealand. Please note we DO NOT accept checks/cheques, payment by wire transfer only.

Thank you for filling out this form. The information will be held in confidence by the IBCPC Steering Committee and will be used only for the purposes of the IBCPC as described in the IBCPC Constitution and By-Laws.

Paddles Up!