

Member # _____



VIRGIN ISLANDS TRIATHLON FEDERATION

2011-2012 Membership Form

Please fill out this information completely (This information will be kept confidential.)

Name: _____

Date of Birth: _____ Sex: M / F

Physical Address: _____

Mailing Address: _____

E-mail address: _____ Phone Number : (h) _____

(w) _____

(c) _____

Emergency Contact Person: _____

Phone Number: (if different from above) _____

\$35 license fee received by : _____ Date: _____

\$35 Paid in full? yes / no How was it paid? cash / check