



FOOTBALL NEW BRUNSWICK

Membership Request Form

In accordance with the FNB Membership Policy, this form must be completed in full and emailed to [executivedirector@footballnb.ca](mailto:executivedirector@footballnb.ca), the FNB Executive Director a minimum of 45 days prior to the AGM.

Requesting Team, Group, Association: \_\_\_\_\_

Membership Category (Team, Group, Association): \_\_\_\_\_

**Person in Charge Information**

Contact Person: \_\_\_\_\_ Position with Team, Group, Assoc.: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please provide a list of all Executive Members**

Name	Mailing Address	Phone	Email

Not for Profit: Yes / No

Legal Status: Incorporated / Unincorporated

Description of the activity, camp, competition, or program of play the team, group or association is planning to undertake:

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Age Categories: \_\_\_\_\_ Genders: \_\_\_\_\_

Geographic Area: \_\_\_\_\_

**Insurance Information**

Do you require the use of the FNB Insurance Plan: Yes/No

If no, please provide insurance information:

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**Long Term Athlete Development Plan**

Statement asserting that the team, group or association is willing to follow and be governed by the Long Term Athlete Development (LTAD) model for any activity, competition, or program of play they will offer:

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Will you require football equipment from FNB: Yes / No

If yes, please specify approximately what equipment and the quantity you are requesting.

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Agreement to abide by all FNB policies and procedures including FNB's Safety and Screening Policies or develop more encompassing policies: Yes / No

**Additional Documents to include with Membership Request Form**

- a financial statement fully disclosing any outstanding financial obligations of the team, group or association seeking membership

***I acknowledge that I have read and understood the FNB Membership guidelines. I hereby agree to and understand the guidelines as previously stated in the FNB Membership Policy.***

\_\_\_\_\_  
Team/Association/Group Person in Charge

\_\_\_\_\_  
Date Submitted



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**FNB Executive Director Use Only**

**Date received:** \_\_\_\_\_ **Date submitted for Board review:** \_\_\_\_\_

**Board decision to bring to FNB Membership for approval: Yes / No**

**Reasoning for decision:**

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**If application is accepted by the Board:**

**Date submitted for Membership Approval:** \_\_\_\_\_

**Membership Approval: Yes / No**

**Reasoning for Decision:**

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