



# WORLD SPEED BRICK BREAKING ASSOCIATION 2010 MEMBERSHIP APPLICATION



### Applicant Information

<b>Name:</b> _____ <b>Address:</b> _____  <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>Age:</b> _____ <b>Gender:</b> <u>    </u> M / F <u>    </u> <b>Phone 1:</b> _____ (    ) - _____ <b>Phone 2:</b> _____ (    ) - _____ <b>E-Mail Address:</b> _____	<b>School Name:</b> _____ <b>School Address:</b> _____  <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>Chief Instructor:</b> _____ <b>Phone:</b> _____ (    ) - _____ <b>Style(s):</b> _____ <b>Website:</b> _____
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### Applicant Experience

<b>Current Rank:</b> _____ <b>Years of Training:</b> _____ <b>Tournament and/or Speed Breaking Experience:</b> _____  <b>Titles / Records Currently Held:</b> _____	<b>Years Competing:</b> _____ <b>Are you an instructor?</b> <u>    </u> Y / N <u>    </u>
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### Other

#### Areas of Interest (circle all that apply)

Competing	Officiating	Timekeeping	Scorekeeping	Teaching	Other Projects
How did you hear about the W.S.B.B.A.? _____					

I, or my child, would like to join the World Speed Brick Breaking Association (hereinafter "W.S.B.B.A."). By signing this application form, I waive all claims against the W.S.B.B.A. for injuries or illness which are directly or indirectly caused as a result of my or my child's participation in the W.S.B.B.A.. I also certify that the above applicant is in the necessary physical condition to participate in W.S.B.B.A. activities. I also understand that by participating in the W.S.B.B.A., I may be exposing myself or my participating child to possible accidental risk of physical injury. This risk is understood and accepted through my signature below. On behalf of the applicant, I agree to abide by all Rules and Regulations of the W.S.B.B.A and understand that the W.S.B.B.A. may cancel the membership at any time of anyone who violates the Rules and Regulations of the W.S.B.B.A..

\_\_\_\_\_  
**Printed Name**  
 (Parent or Guardian If individual is a Child)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

W.S.B.B.A.  
 8217 Essex  
 Warren, MI 48089  
 (586) 222-4361

Office Use Only	
Member ID#:	_____
Sign-Up Location:	_____
Amount Enclosed:	_____
W.S.B.B.A. Rep.:	_____
Date:	_____

	Price	Paid
<input type="checkbox"/> One Time Registration	\$50.00	_____
<input type="checkbox"/> Annual Membership Fee (pick one):		
<input type="checkbox"/> Little Dragons (Ages 5 - 7)	\$50.00	_____
<input type="checkbox"/> Junior (Ages 8 - 11)	\$70.00	_____
<input type="checkbox"/> Youth (Ages 12 - 15)	\$80.00	_____
<input type="checkbox"/> Adult/Senior/Super Senior (Ages 16+)	\$100.00	_____
<input type="checkbox"/> Patch, Certificate, ID Card	\$15.00	_____
<b>Method of Payment</b>		Subtotal: _____
<input type="checkbox"/> Cash		Tax: _____
<input type="checkbox"/> Money Order # _____		Total: _____