



## Membership Application

Last name : .....

First name(s):

Address : .....

Date of birth : month/day/year.....

Place of birth : .....

Sex : Male / Female

Cellular phone number : .....

Home phone number: .....

Phone number at work:.....

E-mail : .....

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All memberships are non-refundable and non-transferable.

By submitting this application, I agree that all information submitted is correct and will apply all the rules being applied by the Aruba Triathlon Association.

 Tanki Leendert 173J, Aruba

 arubatriathlon@hotmail.com

 (297) 731-2454 President: Enrique Gomez

 (297) 594-0067 Secretary: Glenda I. Croes-Tromp



Signature Parent/Guardian if the triathlete is under 18 years.

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Date: month/day/year

Triathlete signature:

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Date: Date: month/day/year

The amount to become a member of the Aruba Triathlon Association must be transferred to the bank account the Aruba Triathlon Association, RBC Bank, account number **9043780** In the transfer please indicate your name and address.

Please scan the application with your signature and email it to:

Glenda Croes-Tromp

Secretary Aruba Triathlon Association

glenda\_croes@hotmail.com

You can also leave your application in the mailbox of Glenda Croes-Tromp.

Tanki Leendert 173J.