



Member # \_\_\_\_\_

VIRGIN ISLANDS TRIATHLON FEDERATION

2016-2017 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) \_\_\_\_\_

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**NEW APPLICATION:** \$40    **RENEWAL:** \$35    **JUNIOR:** \$15 (Under 18 yrs old on 9/1/16)

Payment can be made by mailing a check to: Virgin Islands Triathlon Federation  
PO Box 24331  
Christiansted, VI 00824

Or by PayPal to: [shopping@vitf.org](mailto:shopping@vitf.org)

The membership period extends from September 1, 2016 to August 31, 2017.  
VITF benefits remain available with annual renewal.

License fee received by : \_\_\_\_\_ Date: \_\_\_\_\_

Paid in full? yes / no    How was it paid? cash / check / PayPal