



Durham Tamil Association

P.O. Box 161, Pickering, Ontario L1V 2R4

Tel: 905-428-7007 Fax: 905-428-8938

www.durhamtamils.com : info@durhamtamils.com

Membership / Waiver Form

DTA Member's

First Name: _____

Last Name: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Telephone: _____ Work: _____

Family Members:

Children's Age Gender

Name: _____

Name: _____

Name: _____

Name: _____

By participating in the Durham Tamil Association (1481911 Ontario Inc.)'s performances and activities, I waive and release any and all claims for myself, heirs, executors and administrators against the Durham Tamil Association, inclusive of all sponsors, officials and organizers of the performances and activities: for injury, illness or fatal injury which may directly or indirectly result from my or my children's participation in the performances and activities. I shall permit the free use of mine and/or my children's name(s), and picture in publicity resulting from the performances and activities. I am (my children are) physically fit to participate in the performances and activities. I have read and fully understand and agree with the contents of this Waiver/Release prior to participating in any Durham Tamil Association's Performances and activities.

The Annual fee for the membership is \$15.00. (July 01 to June 30)

Please make cheques payable to *Durham Tamil Association*

Member Signature: _____

Payment received by: _____ Cash: _____ Cheque No: _____

Date: _____ Receipt No: _____

Dinshkumar Subramaniam
President

Tom Thirukumar
Vice President

Abirame Shanmuganathan
Secretary

Ramesh Rajasingham
Treasurer